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CONCERNS OF VIETNAM ERA VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

MAY 3, 1989

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CONCERNS OF VIETNAM ERA VETERANS

Wednesday, May 3, 1989

House of Representatives,
Subcommittee on Oversight and Investigations,
Committee on Veterans' Affairs,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:05 a.m., in room 334, Cannon House Office Building, Hon. Lane Evans, (chairman of the subcommittee) presiding.

Present: Representatives Evans, Edwards, Kennedy and Long.

OPENING STATEMENT OF CHAIRMAN EVANS

Mr. Evans. The hearing will come to order.

Today, the Subcommittee on Oversight and Investigations is conducting a formal hearing on the concerns of Vietnam era veterans. For the last few days, Speaker Jim Wright has hosted the Eighth Annual Speaker's Conference on the Concerns of Vietnam Veterans.

During this conference, Vietnam veterans have been provided an important forum for an informal examination of many of their most important concerns.

In one important respect, this hearing can be considered an extension of that conference. During our hearing today, many issues of importance to Vietnam era veterans will also be recognized and examined, but this hearing really doesn't duplicate or replicate the proceedings of the last 2 days. Through this hearing, formal testimony will be presented to Congress on the concerns of Vietnam era veterans.

The William Joiner Center for the Study of War and Social Consequences, a part of the University of Massachusetts, Boston Harbor Campus, and particularly Dr. Paul Camacho, have played important and influential roles in the development and continuation of the Speaker's Conference. Paul and the Joiner Center have also been very helpful to me in preparing for this hearing and I want to recognize and acknowledge their contributions in preparing for this hearing.

As the witness list indicates, there are many people who will present testimony before the subcommittee today. In order to accommodate our many witnesses, fewer questions will be asked by committee members, so that each witness will have an opportunity to present his or her oral testimony to this subcommittee.

Likewise, I want to emphasize every witness is requested to limit their oral presentation to a maximum of 5 minutes. The red light going on will indicate that 5 minutes has passed. We are requesting that witnesses demonstrate courtesy and deference to one another so that all witnesses will have an opportunity to be heard.

Submitted statements will be included in the record in their entirety, without objection.

I understand several representatives of the Department of Veterans Affairs had indicated they would attend today's hearing. We welcome them and are pleased to know of their interest. In fact, I understand committee staff received many calls from the Department inquiring about this hearing and I hope the Department will exhibit as much interest in future hearings when their testimony is sought.

I believe this hearing is unique in several respects. First, the majority of our witnesses today have never testified before this subcommittee or the full committee. In addition, most of our witnesses today are Vietnam era veterans and the majority served in-country, in Vietnam.

One note of explanation is needed: A meeting of the Members of the House of Representatives has been scheduled in both the Republican Conference and the Democratic Caucus at this hour. The subject of that meeting, in both caucuses, is the budget. Because of the importance of this meeting, particularly in the area of veterans' health care, which was not scheduled until late last week, attendance at our hearing may be reduced. I want to indicate that it is because many of our committee members feel it is important to have representation in those caucuses about the budget, particularly as far as the veterans' health care budget is concerned.

Last, but certainly not least, I want to extend a warm welcome to the newest member of this subcommittee, Jill Long. Dr. Long is the recently elected representative from Indiana's 4th District and it is a pleasure for me to welcome her to the full committee, and especially to the Oversight and Investigation Subcommittee.

Senator John Kerry and Congressman Jim McDermott are scheduled to be our first two witnesses today, however, they will be joining us later and will be recognized when they come in.

Our first panel today will be comprised of Ralph Cooper and Raymond Grodecki. Ralph Cooper served in the Air Force between 1960 and 1963. He has served on the board of directors of the Joiner Center since 1988, and also serves on Senator Kerry's Vietnam Veterans' Advisory Board. Ralph is the executive director of the Veterans Benefits Clearinghouse.

Raymond Grodecki is an Army veteran and served in-country from December of 1967 to April, 1969. He is a private home builder and actively involved with affordable housing at the State and Federal level. He is also a member of the Maryland Builders' Association State Legislative Committee.

Mr. Cooper, you may proceed whenever you are ready, and as I said, your entire statement will be included in the printed record of the hearing, without objection. We hope you will all summarize from the testimony that you have presented to us.

STATEMENTS OF RALPH COOPER, EXECUTIVE DIRECTOR, VETERANS BENEFITS CLEARINGHOUSE; AND RAYMOND G. GRODECKI, VIETNAM VETERAN

STATEMENT OF RALPH COOPER

Mr. COOPER. Thank you very much, Mr. Chairman.

Mr. Chairman, members of the Committee on Veterans' Affairs, and ladies and gentlemen, good morning. My name is Ralph Cooper.

I am the executive director of Veterans Benefits Clearinghouse, Inc., located at 70 Warren Street, Roxbury, MA. It is indeed an honor for our agency to have been selected by the committee to give testimony on the plight of Vietnam era veterans as it relates to housing.

Veterans Benefits Clearinghouse, referred to as VBC, was incorporated in 1977. We are a community-based agency servicing all veterans of all wars.

Our mission statement emphasizes assistance to veterans least able to readjust to civilian life, which happens to be veterans who have seen the heaviest combat and are black.

Since 1983, 1,500 to 2,000 personal client contacts are made at this community-based agency every year. These veterans are usually of color, either African-American, Latino, or Hispanic, and they are in deep trouble.

The VBC is dedicated to helping these veterans secure their rightful VA benefits, complete their education and training, provide a safe counseling environment, and help those veterans become productive members of the society.

VBC estimates that two-thirds of our clients are homeless or live in conditions of overcrowding or substandard housing. Now, as you may know or may not know, Boston is a hard place for a low-income person to find affordable housing. As this committee is aware, housing costs in Boston are usually high. Low-income families pay close to 40 percent or sometimes as high as 50 percent of their income for housing.

My clients, Vietnam era veterans, for the most part, face serious obstacles when they seek affordable housing. As noted in the most recent Veterans' Administration study, African-American veterans, who make up 8 percent of the veteran population, are 25 percent of the veteran homeless population.

VBC has embraced a model that works. VBC created a not-for-profit housing corporation, the VBC Development Corporation, which is presently rehabing apartments in Dorchester, MA, which will house 30 families of the Vietnam era. And that is not all. We have also embarked on a project to rehab an abandoned building into a single-room occupancy, SRO, which will house 24 homeless veterans.

Mr. Chairman, members of the committee, as I stand here before you, back home in Roxbury, my staff is working with homeless and poorly housed veterans desperately seeking housing. These veterans and their families need you to take a stand as our elected leaders and support the development of more housing for the homeless and the underhoused of America.

At the VBC, we recognize that homelessness is typically accompanied by unemployment and instability and destructive living patterns. The VBC proposes that supportive services should be provided in such cases and extends the argument to include low-income persons who are first-time renters or homeowners.

VBC's goal is to provide these services to our tenants by expanding our existing counseling and employment programs and broadening our programs as well.

For the purposes of maintaining quality rental housing in neighborhoods that can be characterized as troubled by crime, substance abuse and disinvestment, VBC has incorporated supportive services into a broader program entitled Family Living Skills Program. The Family Living Skills Program is designed to assure that all persons who reside in developed rental, low- and moderate-income housing, have the motivation, knowledge and skills to appropriately maintain their households.

It is cognizant that residents need supportive services to enable them to appropriately maintain their households and ensure property upkeep. The program is designed to interface, intervene and create ways to transform the negative patterns of living style which are typical of most homeless and underhoused veterans and to reverse the broader-based patterns of disinvestment which has been practiced in the neighborhood.

VBC has embraced a model for housing development that works. We are proud to be able to say that we don't just describe the problems of homelessness and underhoused veterans, we have solutions.

Mr. Chairman, committee members, as I stand before you, back home in Roxbury, again I say my staff is working with the homeless and underhoused veterans that have become a seemingly permanent fixture in our reception area.

My staff is at this very moment apologizing to some homeless vet for the appalling lack of affordable housing available for that vet and his family. These vets desperately need you to take a stand as our elected leaders and actively support the development of more housing for the homeless and underhoused in America.

Thank you very much.

[The prepared statement of Mr. Cooper appears on p. 81.]

Mr. EVANS. Thank you, Mr. Cooper.

Mr. Grodecki.

STATEMENT OF RAYMOND G. GRODECKI

Mr. GRODECKI. Mr. Chairman and members of this subcommittee, my name is Raymond Grodecki, and I live in Easton, MD. I am testifying here today at the invitation of this subcommittee, and I thank you very much for giving me this opportunity.

I will start by stating that I served in the U.S. Army from 1967 to 1969, and during that time, had an extended tour of duty in the central highlands of South Vietnam.

In 1972, I took advantage of one of the benefits of the GI Bill of Rights by enrolling in an apprenticeship program sponsored by the United Brotherhood of Carpenters and Joiners of America. Since that time, I have evolved into a single-family home builder.

I am the immediate past president of the Chesapeake Builder Association, which is chartered by the National Association of Home Builders. When not building homes, I participate on task forces, committees and, in general, the political process.

The inspiration is my strong concern over the rapid depletion of decent affordable housing which has now reached crisis proportion.

I come here today not representing a veterans' organization nor industry association, but simply as a Vietnam veteran and a home builder who cares. I offer my opinions and some recommendations.

Presently, it has been estimated that 1 to 3 million in this country are homeless, of which 80,000-plus are Vietnam era veterans. Veterans comprise the largest percentage of any group of homeless.

Also, latest research reports that the fastest growing group of homeless are the single mothers with children. Both of these statistics, quite frankly, are a national disgrace. What is frustrating to me is the fact that I know we can solve these problems. Fortunately, this is starting to happen at our local levels.

There are two areas pertaining to housing that I will solicit your support for. First, I would like to comment on House bills before the 101st Congress.

H.R. 1415, entitled the Mortgage Indemnity Act, has been introduced to provide relief to the suffering VA Home Loan Guaranty program. As a veteran, it is of the utmost importance that whatever solution you as representatives decide, it must be a long-term solution and not just a quick fix.

This program's objectives should not be jeopardized, but continue to provide veterans with the help and services as originally intended. In addition, I would support the introduction of optional and convertible adjustable rate mortgages to VA financing programs. ARMs within the VA could possibly be patterned after FHAs with rate caps and built-in safeguards.

I recognize that some veterans' organizations do not support the ARMs in VA funding programs. The rationale, I believe, is their concern over payment shock. As a home builder, I can tell you that ARMs are very popular during periods of unstable and abnormally high interest rates. The home buyer needs and wants flexibility during these periods.

We must remember the importance of making homeownership more achievable and not more difficult. We also must understand that a domino effect occurs when the rate of homeownership declines, hence, the alarming number of homeless.

If we can reverse this trend, it will result in the increased availability of rental housing at all levels.

Representative Donnelly has introduced H.R. 151, to extend the Mortgage Revenue Bond program through 1992. As you know, this program targets hard-working, moderate-income, first-time home buyers. These bonds can result in a savings of up to 20 percent over the life of a mortgage. I urge you to support this extension.

Senators Cranston and D'Amato have co-sponsored the National Affordable Housing Act, which is a detailed authorization bill to provide the framework for a national housing policy. The National Affordable Housing Act represents a serious approach to our housing crisis and I strongly ask for your support of H.R. 1637 and H.R. 1532.

H.R. 6, H.R. 69, H.R. 193, and H.R. 1221 all deal with enterprise zone programs, an idea I find particularly exciting, as do Secretary Kemp and President Bush. Although they deal more directly with economic development, they will have a positive, indirect effect on our housing needs.

The need to attract private industry and small business to help revitalize the distressed areas of our urban and rural communities has become essential. Many of the problems encountered by Vietnam era veterans can be provided for through enterprise zone programs.

Enterprise zone programs can become that necessary outreach to disadvantaged veterans wanting to become a productive part of our society. I feel this program lends itself most handily to homeless veterans and those who have become subsidized entities.

I hope you will give these bills your full support. Let me complete this section by asking for your support of the following bills: H.R. 812, the Home Ownership Assistance Act of 1989; and House Resolution 37, Mortgage Interest Deduction.

The second area that I would like to touch on is the exploration of innovative and creative concepts. The complexities of our housing crisis are many. Some of the reasons for not fulfilling our housing needs can be contributed to bad decisions, poorly planned programs or by simply not reacting to a situation soon enough.

In short, many of our approaches to problems, no matter how well intended, simply do not work. The need for open-mindedness to new ideas has become apparent. As an example, in the State of Maryland, the home building industry, in conjunction with the local and State governments, have been working together to develop minimum standard housing specifications. The concept centers around the idea of collective living conditions.

It was felt that a void existed between rental housing and a cardboard box. Collective living, on the surface, may be rejected as unworkable, but on the other hand, living in a cardboard box is, without a doubt, deplorable.

In conclusion, I will say that homeownership in America—homeownership is an American dream and specifically, in the case of the Vietnam era veteran, it is our responsibility to make available to him or her that slice of pie which they so appropriately deserve.

There is one final message I would like to leave you with. All of us here today are just people trying to affect change in a positive manner. We have come to Washington, D.C., because there are things that need to be addressed on a Federal level and we are asking your attention and support on these issues.

Again, I thank you for this opportunity.

[The prepared statement of Mr. Grodecki appears on p. 86.]

Mr. EVANS. Thank you.

Mr. Cooper, Congressman Kennedy, as a member of the subcommittee, has requested that the subcommittee come to Boston sometime this year to look into the situation of homeless veterans. During that trip, I would like to visit the facilities which you have described. Again, it is veterans helping veterans, but we also need more help from the Federal Government.

Mr. COOPER. Thank you very much, Mr. Evans, and we will be glad to have you, not only as the chairman of this particular subcommittee, but as a friend of the veteran and our doors will be open to you.

Mr. **Evans**. All right, thank you.

Mr. Grodecki, while I support many of the issues that you raise, I want to raise a counter-argument to the enterprise zones legislation for some of us who represent rural areas as well as urban areas.

In my State, we have several dozen State enterprise zone systems. With the creation of the President's program, or at least as far as I can ascertain, its emphasis is on creation of 70 urban enterprise zone systems. Some of our rural areas probably would not be included. We think that would be a disadvantage for some of the States' programs that could not offer competitive advantages that the Federal enterprise zones might. Some of us may have reservations or may try to change that legislation.

By and large, I support the agenda that you have laid out, particularly in terms of mortgage revenue bonds and the other bills you supported. Thank you for bringing it to our attention.

Mr. **Grodecki**. Thank you very much.

Mr. **Evans**. Thank you. Thank you, both.

The second panel is comprised of Cliff Arnesen, Stan Berry, John Keasler and Linda Schwartz. If they would all come forward at this time, we would appreciate it.

Cliff Arnesen served in the Army from 1965 through 1967. In addition to working for the New England Gay and Lesbian Veterans' Organization, he does AIDS volunteer work at the Boston Vet Center.

Stan Berry served in the Air Force from 1967 through 1973 as an air medical evacuator controller. He flew in Vietnam, Korea, Thailand and Cambodia. He is a founding member and a board member of the San Diego Veterans' Association.

John Keasler is an Army veteran with service from 1969 through 1974. He served in Vietnam and later did a tour in Italy. After his military service, he used the GI Bill to earn a degree an English literature from East Texas State University.

Is he with us right now? Maybe he is not.

Mr. **Berry**. Not at the moment, sir.

Mr. **Evans**. All right, we will see if he joins us later.

Linda Schwartz is a retired Air Force major. She was a flight nurse and was disabled while in service. She is also presently a doctoral fellow at Yale University.

Mr. Arnesen, you may proceed.

STATEMENTS OF CLIFF ARNESEN, PRESIDENT, NEW ENGLAND GAY AND LESBIAN VETERANS; F. STANLEY BERRY, SAN DIEGO VETERANS ASSOCIATION; AND LINDA SCHWARTZ, RN, MSN

STATEMENT OF CLIFF ARNESEN

Mr. **Arnesen**. Thank you. Good morning, Honorable Lane Evans, and members of the committee.

First of all, I would like to commend the 142 medical centers of the Veterans' Administration for their humane and compassionate treatment for our veterans, 6,000 veterans across the country, who have been diagnosed with AIDS or AIDS-related complex.

Our Nation's 4 million gay, lesbian, and bisexual veterans are perhaps the last minority population to be acknowledged. Particularly relevant concerns of our community include access to care at VA facilities for unbiased treatment for AIDS, post-traumatic stress disorder, substance abuse, homelessness and Agent Orange.

Many gay veterans have served honorably. Nonetheless, they receive less than honorable discharges. This, in turn, effectively precludes us from gaining access to VA benefits, in particular, the VA health care system.

These discriminatory practices and exclusionary policies have been the cause of an inordinate amount of physical and psychological suffering for many gay veterans. This suffering includes susceptibility to low self esteem, broken social, personal and family relationships and acting out of frustration in self-destructive ways, such as alcohol and substance abuse, which, in turn, may lead some to engage in practices that would put them at risk for AIDS.

This vicious interplay between alcohol, drugs and behavior is indeed a manifestation of the loneliness, alienation and persecution we feel from an often hostile society.

These feelings of loneliness and alienation I know personally.

In 1965, at age 17, I dropped out of high school and joined the Army. Like many other young men in minorities, I joined to escape from a life at home that was filled with parental alcoholism, physical abuse and an absence of love. To add to this, we were on welfare. There was nowhere to turn.

After receiving an undesirable discharge at 18, I began an 18-year battle with drugs and alcohol that nearly ended my life on several occasions.

In 1977, I petitioned for and was granted a general discharge under honorable conditions. That made it now possible to access the medical care and benefits I needed to survive.

In 1984, I entered a VA alcohol rehab program and have been sober for 5 and one-half years. Furthermore, I used the GI Bill benefits to go to Bunker Hill Community College in Boston, where I graduated with honors in human services.

The point is, the VA gave me the opportunity and tools to turn my life around and become a productive, contributing member of our society. As a human being, and as a bisexual veteran, I shall always be grateful to the VA for opening the doors to mental health and education for me.

However, others have not been so fortunate as I, and they continue to feel lonely and alienated from the VA. Therefore, we must build bridges of communication and understanding between us.

In order to address the aforementioned issues that affect gay, lesbian, and bisexual veterans, we respectfully recommend the following: The U.S. military or independent civilian or combination research teams, such as the Defense Advisory Committee on Women in the Services, should investigate and study the policies and methodologies of those foreign countries that have successfully incorporated their gay populations into their military ranks. Also, from these findings, implement a more pragmatic and humane policy for treatment of gay personnel.

The military legal branch should move swiftly to give relief to gay veterans with less than honorable discharges so that they may gain access to medical and mental health facilities for treatment of AIDS and other medical necessities. Also, UCMJ laws dating back over 200 years that discriminate against homosexuals should be reevaluated to reflect a more liberal policy of inclusion.

Access to the 195 Federal Outreach Vet Centers is of prime importance for gay and bisexual veterans, which at present lacks a clear mandate in this regard. Also, a network of gay liaison counselors should be hired at these facilities to address our unique concerns.

The United States will spend approximately $300 billion in defense this year. We have a stockpile of over 50,000 nuclear weapons, enough to deter any foreign aggression. In order to pay for expanded domestic and social programs, we must get the money from some source. We recommend the Government cut the fat out of the military and Pentagon budget and channel and redirect these savings towards human service programs to combat the war on drugs, build new penal institutions, increase spending for AIDS research and medical care, and build affordable housing for the homeless.

In conclusion, many gay, lesbian, and bisexual veterans have fought and served bravely in Vietnam and other wars and have died on the battlefields of strange lands alongside their heterosexual brothers and sisters.

Therefore, we should be treated with decency and considered as equals with other veterans. Our presence here in Washington, D.C., is an attempt to sensitize the larger community to our unique concerns, and also, to try to break down others' preconceived stereotypes and fears and to educate and create an awareness of the overlapping concerns of gay and minority veterans as we attempt to rectify centuries of discrimination and exclusionary policies and practices of the U.S. Armed Forces.

Consideration of these suggestions would truly be a first step towards a "kinder and gentler nation."

Thank you, and God bless.

[The prepared statement of Mr. Arnesen appears on p. 90.]

Mr. EVANS. Thank you.

Mr. Berry.

STATEMENT OF F. STANLEY BERRY

Mr. BERRY. Thank you, sir.

The San Diego Veterans' Association is a service organization for lesbian and gay veterans and active-duty personnel. Its membership includes persons who have served in the U.S. Armed Forces, both in war and in peace.

We are grateful for having been afforded the opportunity to present our testimony before this distinguished committee.

Through the years, thousands of service members have received less than honorable discharges unjustly, and for reasons which today would not be treated so harshly. Among them are many gay men and lesbians who have served with honor and distinction, but who were caught up in the military's discriminatory policies and are being denied health care and psychological counseling that they have both earned and need.

We urge you to do four things: We ask that you require that automatic upgrades to at least general under honorable conditions of all less-than-honorable discharges based on homosexuality, when there is an absence of aggravating circumstances.

Two, establish requirements that ensure that every case is decided within 6 months of submission of an application.

Three, create a presumption that the original discharge authority considered all aspects of the applicant's record and considered only those actually cited in discharge documents as the basis for the characterization of the discharge.

This would preclude the review board from upholding a bad discharge on the grounds not cited in their original discharge authority. To the extent possible, we would like to establish standards which, if met, would require the granting of an upgrade.

The Pentagon has spent tens of millions of dollars a year investigating service members for homosexuality. According to a 1984 Congressional Report, the taxpayer footed a bill of over $22 million in 1983 for such things as investigations and discharges.

During the past year, the Marine Corps has conducted a relentless witch hunt against women at Parris Island and Camp Lejeune. These investigations are being viewed by many as not just an attack on lesbians, but as a means of discouraging women as a group from serving in the Marine Corps.

Last month, the Marine Corps recommended the other-than-honorable discharge of Capt. Judy Meade, a Marine with 11 years of exemplary service, for allegedly associating with known homosexuals.

The military contends that homosexuality is incompatible with military service. As an honorably discharged veteran and a homosexual who works with other gay veterans, I can tell you that just is not so. But the military has never been challenged to produce the facts to support their claim.

We urge you to call for a GAO study to establish, independently of the DOD, what the true costs are to the military and its mission.

In conclusion, I would like to say the future defense of the United States depends on the way it treats those who now serve and have served the Armed Forces. The changes we have proposed will immediately save the taxpayers tens of millions of dollars each year and promote the mission of the Armed Forces; that is, defense, by attracting the best and the brightest to its ranks.

Thank you.

[The prepared statement of Mr. Berry appears on p. 98.]

Mr. EVANS. Thank you.

Ms. Schwartz.

STATEMENT OF LINDA SCHWARTZ

Ms. SCHWARTZ. Good morning, Mr. Chairman.

Before I begin my statement, I would like to ask, in reviewing it, I see that there are some typographical and technical errors and I would like your permission to submit a corrected copy of it later.

Mr. EVANS. Without objection.

Ms. SCHWARTZ. Thank you very much.

In addressing the health care concerns of Vietnam veterans, there are some issues that are age-specific and others which are germane to the entire system of care. The recent National Vietnam Veterans Readjustment study validates the distinctive needs of this generation and provides data that should guide further planning for these veterans.

Perhaps the most striking finding of the study was the fact that almost half a million Vietnam veterans still have symptoms of PTSD that are severe enough to warrant professional care. The fact that the highest rates of PTSD, about 28 percent, were found in Hispanics, followed by 21 percent in black veterans, was also striking.

The study further found that veterans with PTSD also have high rates of drug and alcohol abuse problems. Many veterans assert that the treatment available to these patients is inadequate. There is often no detox available; patients are placed on in-patient psych units, given psychotropic medication, and discharged without follow-up in 15 days.

The inadequacy of this care was graphically demonstrated in our community last year. Within hours of discharge from a VA facility, a Vietnam veteran with these problems shot and injured four people, including his wife, and then killed himself.

While violent acts command our attention, one has to marvel that a system which pioneered our understanding of the dynamics of PTSD has failed to standardize and implement its own research findings and recommendations. Clearly, the increased numbers of drug-related AIDS cases has implications for the VA system and its resources.

In October, 1988, the VA reported a continued rise in Vietnam veteran drug-related deaths. Recent reports from the Department of Health and Human Services have also indicated an increase in new AIDS cases being treated in VA facilities.

How prepared is the system to handle the increased resources and specialized needs of these patients? Is the VA prepared to implement the President's Commission on AIDS recommendation that drug abusers be given treatment on demand?

Another concern is the rate of cancer in women veterans and the abnormalities found in their children. In 1985, the Harris poll documented that women veterans of all ages have twice the rates of cancer as that of the adult female population. This is very distressing when you compare the 45 percent of cervical, ovarian, and uterine cancer in women veterans with the 9 percent found in the rest of the female population.

Skin cancers are 16 percent in women veterans, compared to 2 percent in other women. Women who served in Vietnam report a high rate of miscarriages, still births and birth defects in their children. If the VA can fund research to study patients' dreams after a psychotherapy session, couldn't we afford to look at these problems as well?

Perhaps the over-riding concern of all veterans is the question of how the VA will take care of them. If the present system is any indication, there is cause for concern. Veterans with PTSD are waiting 12 to 18 months for in-patient care. Those with service-connected disabilities are waiting 3 to 6 months for appointments.

Those that do receive appointments have been known to wait hours to be seen by a doctor.

VA nurses report that there is a scarcity of even the most basic supplies, such as hypodermic needles, lubricants, soaps and dressing. There are cases where patients have been readmitted to the hospital because there were insufficient supplies of their medication.

Nurses also report that staffing on units is inadequate. Nurses are being assigned to emergency rooms and oncology units without orientation. Although patients require more nursing care at this time, staffing levels are being cut. Where is the quality? Where would these standards be considered acceptable? Where is the benefit of being captive of a system that, by merit of your injury, disability or income, that seems so remote, so uncaring, so unresponsive to individual needs?

It is ludicrous to suggest that money can be saved by not buying supplies, medication or linens. How honorable is it to have a veteran wait 3, 6 to 8 months for care? How compassionate is the system that abandons patients who need treatment?

The VA has a long and honored history of service to veterans, but it seems increasingly evident that the present crisis in America's health care delivery systems now threatens to compromise that mission. Already, the need to create long-term beds is seen as a trade-off of PTSD and acute-care facilities for the needs of aging veterans.

Presently, there is a belief that care for the older veteran is an either/or decision between the VA or medicare. These options do not have to be mutually exclusive. In a time of budget constraints, it seems prudent to study an interagency interface with DHHS, much like the one that already exists with DOD.

There are many advantages to tracking the overlap of the two systems, as well as an opportunity for exploring the adjunct funding of services. The present crisis in VA health care requires decisive measures. It is time to part the curtains of political rhetoric and assess the actual status of the system.

What everyone wants, Congress, veterans, veteran organizations and the American public, is a system that provides quality effective and efficient care. The efforts to contain costs in the private sector has spawned analysis methods, standards and measurements to determine the efficacy of health care delivery systems. These approaches seem equally appropriate for a multi-billion dollar system in which every taxpayer is a shareholder.

Now is an opportune time for this committee to convene a panel of experts from the private sector to study the present system. I have come here today on behalf of my fellow veterans: the blind man who waited with me for 5 hours to be seen by a doctor; the Vietnam nurse whose baby was born with cancer; and the World War II vet so crippled from lack of medication that he could not talk; and my neighbor, who blew himself away; and all the veterans who depend on this system for their care, because I believe there are innumerable ways in which this system can better serve the men and women who served this Nation.

Thank you.

[The prepared statement of Ms. Linda Schwartz appears on p. 101.]

Mr. **Evans**. Thank you very much.

Mr. Arnesen and Mr. Berry, I want to indicate to you that the chairman of the full committee and the ranking Republican member are working very hard, not only to obtain funding for the VA medical budget, but also to obtain a fair share of the money that we are spending on AIDS for the VA. That is a problem we have, getting the Budget Committee to recognize that AIDS is a problem within the Veterans' Administration.

Of course, we have a problem within the VA, as I think you have indicated in recognizing it as a problem. There is a concern among members of the committee, going back to the time of General Turnage. The policy as far as treating AIDS has evolved, basically, on a case-by-case basis. In the heartland of the country, a few years ago, there were no AIDS patients at the Iowa City, IA Medical Center; now, on an average day, there are two or three in-patients and several are seen through the out-patient facilities at Iowa City.

I would hope we could devise a more coherent policy toward AIDS treatment. If you have ideas along those lines, just very briefly, please give us your opinions. Mr. Berry?

Mr. **Berry**. Yes, sir.

In San Diego, the Veterans Association, again working early on with the VA hospital in San Diego, and they have been extremely helpful and they liaisoned very well with Balboa Naval Hospital to help the transition from active duty to veteran status and continuing their medical care and counseling.

I would highly recommend studying what they did and using that as a model because they have interphased with the entire gay and lesbian community, the veterans' associations and there is a real feeling that—like one veteran said, "I felt like I was coming home."

That was a real neat thing to hear, coming from our facilities there.

Mr. **Arnesen**. Sir, in Boston, I am working with the HIV coordinator at the Jamaica Plain Hospital where they presently have 200 cases of AIDS patients. Also, 185 new cases are diagnosed every month, and the VA takes care of approximately 6 percent of our Nation's 91,000 cases. They have a 6,000 case load, but I will be working with them to form a link between the Veterans' Administration and the gay and bisexual community so that we can build bridges of communication as to the unique needs of the community because out of that population in Boston, the breakdown is 67 percent are gay, 35, or 6 percent, are IV and drug users, and 2 percent are bisexual, so you can see that the large proportion of the cases are, indeed, by gay soldiers—veterans.

So we just ask you to please take a look because this is such an issue of life and death. I had a veteran call me 2 weeks ago. He lives on $335 a month and he is diagnosed as AIDS, but he has an undesirable discharge and, therefore, he cannot access the medical benefits he needs, and more than likely, sir, he will die at home.

Mr. **Evans**. Something which I have been told in several different locations, including the San Diego Hospital at La Jolla where recently I made a subcommittee site visit, is that the problem now is shifting as a result of the education of the gay community to more of a drug-user, drug-related problem. Is that correct?

Mr. Arnesen. Yes.

Ms. Schwartz. Yes.

Mr. Arnesen. This is because of the alienation that I spoke of, that goes along with low self-esteem. I mean, when somebody is given a bad piece of paper that says, "You're no good," they don't go out there and become a very productive member of society. Not to say that this is what created their behavior; however, with a stigma such as that, drugs and alcohol look pretty attractive to escape some of the realities and the pressures that gay and bisexual veterans face insofar as discrimination.

However, let me reiterate and say again that the VA hospital and medical centers have been really at the forefront in addressing this issue. I think now what we need is more of an infusion of supplemental funds to address this.

Mr. Evans. We all will be looking at what the chairman and Congressman Stump have been able to do. Before we can support a budget, we will have to make sure it has adequate funding in a variety of areas for veterans' health care.

Ms. Schwartz, you are one of the few people who is testifying today who has had plenty of experience testifying before our committee. We appreciate you testifying again. We will be holding a hearing in June on woman veterans and we will try to keep you informed and perhaps invite you back again, if possible.

A few questions, though. First of all, your experience with the cutbacks in health care and the problem ecountered by the blinded veteran that you cited, are those incidents that, through your fellowship at Yale, you have observed at the West Haven facility?

Ms. Schwartz. In preparing for this, not all of the incidents I gave are from West Haven. Some of them are from other facilities across the country.

The blind veteran actually did happen in West Haven. What happened is we waited for 5 hours and then we were told we couldn't be seen that day. I felt he was at a loss because he had no transportation. I felt that after driving 65 miles to be seen, he should have been seen that day.

Mr. Evans. I was recently at West Haven and I understand Congressman Bruce Morrison, who is a member of the Hospitals and Health Care Subcommittee, is going to be conducting a hearing there May 15. So we will share your testimony with him before he goes out. You may also want to talk to him before, after or during the hearing.

Ms. Schwartz. I guess the thing that I would like to say is that because I have 23 years experience as a nurse, I mean, he sat there. I don't know if he would ever get up and complain about it, but because I know the difference I know quality of care, and that is not quality and that is not caring and that there are better things that can be done. In the examples I gave, because I am a nurse and know the difference, I feel honor bound to speak for these veterans.

I think that is part of my mission in being here today.

Mr. Evans. You mentioned the problem of Project 100,000 veterans. That is another topic this subcommittee plans to examine. We are waiting on a delayed, much delayed study for DOD on the problems of Project 100,000 veterans. For people in the audience, Project 100,000 waived physical and mental standards during the Vietnam war for 350,000 men who otherwise would have been rejected for military service. Basically they were largely of the underclass at the time, with the idea in mind, supposedly, that military service was going to help them succeed. That is what we want to discover, whether, in fact, our veterans programs have helped a group of people who needed help and if the've received help from the VA.

It is important not only to examine how those veterans were affected, but also for proposed new national service programs and possible shortages in personnel requirements of the military. Before we do that again, we want to make sure we have programs in place to help them if they do go in the service or perhaps not pass those kinds of programs.

We are waiting on the delayed study. We are now told it will be done in August. I think it has been about a year since it was expected to be completed. That is on our agenda and we appreciate you bringing it up.

Thank you all very much for your time.

Mr. BERRY. Thank you, sir.

Mr. ARNESEN. Thank you, Mr. Chairman.

Mr. EVANS. The members of panel three will please come forward.

They are Dr. Erwin Parson; Dr. Ron Armstead; Dr. Susan Mather; and Jeff Carey.

Dr. Parson is an Army veteran and served during 1966 and 1967 as a medic. He is currently with the Joiner Center.

Ron Armstead served in the Navy from 1966 through 1969. He was a hospital corpsman and served off the coast of Vietnam in 1966 through 1967. He is now with the Joiner Center and attending the Massachusetts Institute of Technology.

Dr. Mather is executive secretary for the Advisory Committee on Women Veterans of the Department of Veterans Affairs. She is also chief of Women Veterans Programs of the Veterans Health Services and Research Administration, formerly the Department of Medicine and Surgery. For the past year and a half, she has been director of the AIDS program at the DVA.

Jeff Carey, he is with us, he is a retired Army master sergeant, E–8, with military service from March, 1950 to November, 1970. He served in Vietnam from February through November of 1968.

Dr. Parson, you may proceed when you are ready.

STATEMENTS OF ERWIN PARSON, THE JOINER CENTER FOR THE STUDY OF WAR AND SOCIAL CONSEQUENCES; RON ARMSTEAD, THE JOINER CENTER FOR THE STUDY OF WAR AND SOCIAL CONSEQUENCES; AND SUSAN MATHER, CHIEF, WOMEN VETERANS PROGRAMS, VETERANS HEALTH SERVICES AND RESEARCH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF ERWIN PARSON

Dr. PARSON. Thank you, sir.

Congressman Lane Evans, members of the committee, distinguished guests, ladies and gentlemen, it is an honor and privilege for me to testify before you this morning on the "readjustment" of Vietnam veterans and the Vet Centers.

My name is Erwin Parson, a veteran of the Vietnam war, a clinical psychologist and psychoanalyst.

Over the years, I have studied the effects of war upon the minds of veterans and the impact of these effects on the veteran's self, family, and friendships, as well as on his or her occupational functioning and view of the future.

As we look forward to the year 2000 and beyond, we need to face the image problem of the Vietnam veteran. This is a very difficult area for most of us to think about and talk about, but in contemplating the focus of the testimony this morning, I asked myself a number of related questions. One, at the average age of 40 to 42, what does the overused word "readjustment" mean in reference to the Vietnam veteran? Is the word appropriate today or should we seek another word or term to better capture the reality of veterans' lives, struggles, conflicts, strengths, as well as their adaptations?

Another question is, what about the Vet centers? Has their current structure and organization outlived their usefulness in meeting the continually emerging life-cycle concerns and needs of Vietnam veterans and their loved ones?

As I thought about a few other questions, I focused on this question, as well. What about the public image of the Vietnam veteran and the power of this image to impact profoundly upon the veteran's view of himself or herself and the employer's perception of the Vietnam veteran as a favorable employee?

What does the Research Triangle Institute's study, known as the "National Vietnam Veterans Readjustment Study," findings do to the contemporary and future public image of Vietnam veterans?

These are very hard questions with no easy answers. These questions and the answers they may generate converge to one burning and urgent consideration: the present and future public image of the Vietnam veteran.

The reason for this focus, in my mind, is quite simple. I happen to believe that image is everything. We know this statement is a broad sweeping generalization and I am not one to generalize in this fashion, but over all my years (over a decade) of working with Vietnam veterans and hearing what they are saying about how the images of Vietnam veterans are coming across in the media, what they are saying to me in terms of how their children are perceiving them, I think it makes very little difference whether the image of the veteran is the "walking time bomb," as we used to hear in the late 1960's and early 1970's or after 1980, the poor, dejected, helpless and sick veteran. I think employers do not discriminate between these two images. They are both negative and very harmful to the future of the veteran.

What comes across to the employers in this instance is that the veteran is unsuitable for employment and for promotion. I think, as Vietnam veterans get older, I think that the major issues have been changing. Many veterans today, because of their age 40–42, are seeking new kinds of avenues of expressing themselves; their view of the future has been changing. I think as policy-makers, therapists, and administrators, we need to keep pace with these changing views and visions veterans have of themselves and their families.

I believe that the American people, through the Congress of the United States, must "just say no" to any individual or organization who seeks funding to continued the image-bashing, negative, illness-related research on Vietnam veterans.

There are many social and behavioral scientists and practitioners who are making their careers on keeping this image of the Vietnam veteran alive and, unfortunately, they are doing very well.

I think, again, these are very serious kinds of considerations, things that are hard for me to talk about as a veteran, but also as a clinician who has done a lot in forwarding public information and education in the area of traumatic stress and the post-war plight of Vietnam veterans. It is very hard for me to speak in this kind of way.

I believe, though, that words are powerful implements: They determine ideas; they shape attitudes, influence emotions and often lead to policy formulations and implementation. I am referring to the word "readjustment."

As we again look forward, the word "readjustment" is not just a misnomer. I think it goes beyond a misnomer in terms of its potential damage to veterans' images. For this word becomes just another cultural way of keeping the Vietnam veteran young, and politically under-developed and immature.

When we talk about readjustment, we need to ask the question, readjust to what? At 40 years of age, veterans cannot readjust to being a 17-, 18-, 19-year-old. Life isn't that way. Life goes on. No one is afforded that luxury. Struggles continue. People change.

One of the things that the concept of readjustment does to the veteran, which I think is unfair, is that it tells the veteran, "You will never grow up. You will never mature; therefore, you cannot be trusted to control the symbolic sphere of cultural life and attendant tangible goods and services."

Issues around patriotism, national interests and Americanism are concepts that are dear to the heart of Americans. That is one arena where the Vietnam veteran has not been able to break into and control as the traditional veterans' lobby of World War II veterans has been able to do.

Just a word or two about the Vet Centers, which I support. I am the former regional manager for 23 Vet centers in northeastern United States, which included the New England States, New York State, Puerto Rico and the U.S. Virgin Islands. I have supported the program wholeheartedly for many years and I still do today.

I think there has been a lot of debate in the past few years about the need to take a second look at this program to ensure that it is keeping pace with veterans' life structure issues, and a very critical life structure issue, I believe, is image at age 40.

A man or woman at age 40 does not have much time left to deal with these very key issues. We are talking about economic development and getting veterans' lives on track, to put them in positions that will allow them to take the leadership roles in this country in industry and business for which their prior military service often qualifies them for.

I think we need to do some things differently. First, there is a need to change the image of veterans as "sick." I would like to see research done that scientifically investigates and highlights the strengths of Vietnam veterans and how these strengths can be harnessed between now and the year 2000.

This kind of positive research would look into the veteran's combat experience to determine not only the degree of combat exposure, as currently done, but also to look at what veterans learned in the war zone about themselves; what they learned about courage, about resiliency, about courage under fire, about friendships and knowledge about human closeness, teamwork, leadership, maturity, dedication, commitment, tough-mindedness, knowledge about the dialectic between life and death; what it means to survive, problem-solving insights and behaviors. This is what I think is important today.

Secondly, I would like to recommend that Congress support a national marketing strategy of getting short public relations ads on radio and television in the form of mini-dramas that demonstrates to the public that veterans are more than just people with disease; that the veteran is competent and has a future of service to America yet to give. I think we ought to talk about veterans' competence more than we do, because I happen to know about veterans' competence.

What has happened, which I think is unfortunate and what we are dealing with is a very complex issue, as we all know. The research in PTSD has been extremely helpful. It has been very helpful to veterans and their families, but like any good thing, we know it can be overdone. I think the abundance of research studies that says nothing about strengths, it is a disservice to the veteran, and I think we need to change that.

When it comes to—this image-bashing kind of scenario is bad for white veterans; it is doubly or triply bad for minority veterans, black and Hispanic veterans, who already have the burden of discrimination and racism to overcome in their move forward with their lives.

I would like to stop now and await your questions, Mr. Chairman.

[The prepared statement of Dr. Parsons appears on p. 106.]

Mr. EVANS. Thank you, Doctor.

Mr. Armstead, we have received your testimony, so please feel free to summarize from it.

STATEMENT OF RON ARMSTEAD

Mr. ARMSTEAD. All right. My name is Ron Armstead. I am not a doctor; I am a candidate for a master's degree in city planning at Mass Institute of Technology, with a concentration in community development and housing.

I am also research associate for the William Joiner Center at the University of Mass for the Study of War and Social Consequences.

Mr. Chairman, members of the Subcommittee on Investigations and Oversight, during the past 15 years, I have been actively involved in the issues of black veterans on a number of levels; at the college campus, at the community-based organizational level, at the

Veterans' Administration level, vis-a-vis the operation Outreach Vet Center program and, for the last 5 years, with the Congressional Black Caucus.

I have worked in numerous capacities, such as team leader, acting team leader, contract officer, technical representative, senior readjustment counselor, crisis team member, regional trainer, workshop presenter and conference coordinator.

The post-Vietnam history of black veterans is a history of a group struggling to attain goods and services, stability and understanding, parity and equality and, lastly, peace and social justice.

Beginning in 1983, I, as a black veteran, have attempted to establish a meaningful dialogue with the Congressional Black Caucus and their staff representatives, due primarily to the lack of redress at both the Federal VA and the Vet Center levels. Throughout this 5-year period, we have conducted a number of workshops in an effort to establish a forerunner for black veterans, families and friends, to come and air their concerns and grievances, to collectively problem-solve, to interface with Congressional Representatives and to make recommendations geared to improving the overall efficiency and effectiveness of the direct delivery of services system.

More than 300 black veterans from all over the country have come to participate in these workshops in the 5 short years they have been initiated. The demographics of the participants reflect the diversity and broad cross-section of the black veterans population; thus providing a rich and comprehensive viewpoint by which to analyze the present problems and concerns of the black veterans population.

On the other hand, a number of black veteran organizations have been present to attest to the ongoing need for more representation at the Federal level and seeking Congressional Black Caucus intervention with respect to policies that amount to benign neglect.

Organizations have continuously focused on the need to establish a Black Veterans Advisory Committee to the Veterans' Administration in order to provide input into policy areas heretofore restrictive to blacks.

It is also important to consider the present state of black Vietnam era veterans in the light of three separate research studies that have emerged in the last 10 to 15 years. I speak of, first, "The forgotten Warrior Project," by John P. Wilson in 1975; second, "The Legacies of Vietnam Study," that came out in 1981; and lastly, the Research Triangle Institute Study, which was mandated by Congress. All three have noted the serious need to address the plight of black veterans of the Vietnam experience.

Yet, none of these studies, to date, has explicitly outlined policy recommendations geared towards blacks and Hispanics. Therefore, there appears to be an implicit assumption that states that through the generic policies outlined, that the trickle-down theory will work to the advantage of black Vietnam veterans. This implicit assumption had neither materialized nor is it forthcoming in the not too distant future.

The question that remains to be asked is, where do black veterans fit in the policy development scheme of things? Realistically, which organizations and individuals speak for the needs of black veterans, and most importantly, is there an institutional and political commitment to black veterans, given social and economic realities?

It is difficult to answer these questions from a black perspective. Often, the issue of black veterans is viewed as divisive, but a systematic review of the statistics and facts argue the point more precisely.

In the latest VA homeless study, 30 percent of the homeless programs that they are running are frequented by black veterans, who make up, as of 1986, 8.1 percent of the veteran population. According to the Department of Labor, unemployment amongst black veterans is two to three times that of whites. In terms of the 1980 census, college graduates that are black veterans represent 10 percent of the population. Twenty-four percent have not even completed high school. Forty percent of all the bad discharges given during the era went to blacks. Thirty-three percent of the AIDS victims in VA facilities are suffering from HIV drug-abuse problems.

I mean, it is clear that the state of the black veteran is not enhanced. I want to move to some recommendations so that everyone will have ample time.

My recommendations really fall into basically four or five areas. We request support of Congressman Rangel's legislation to establish an Office of Minority Veterans' Affairs within the VA, and that due consideration be given to whether or not that office should be also conjunctly linked with the EEO process; and secondly, that that office be given some regulatory authority and mandate in terms of its mission.

Second, to establish—for the support for the establishment of a Black Veterans' Advisory Committee so that black veterans can participate in the solving of problems that are germane to both black veterans and the black community.

Third, we would like to talk about you conducting a series of minority veteran oversight committee hearings around the country to ascertain to what extent minority veterans are experienced difficulty, both within and outside the Veterans' Administration Vet Center programs.

Fourth, we would encourage your support and encouragement for a black Member of Congress to be a part of the House Veterans' Affairs Committee as a tangible step towards the inclusion of and advocacy for the black veteran experience. In lieu of that, we would recommend that the Congressional Black Caucus establish, between the House Veterans' Affairs Committee and vice-versa, a liaison position which would allow for an intermediary to serve between the two bodies.

Fifth, I guess I would just say that at this point, with us anticipating the results of the RTI study—and we can presume what it is going to say—blacks, Hispanics are suffering more. They are more stressed; they are more traumatized; they are doing poorly.

Given that as a premise to start with, I would recommend that a random sampling of the Vet Center program and the Veterans' Administration, as well as the regional medical educational programs, located in the 100 most populated black cities, be conducted in order to ascertain the following: One, at the Vet Center level, the degree of outreach into the black community; two, the extent of black staff and black community agency for referrals; three, the number of black contract fee providers; four, and what barriers are black veterans experiencing in terms of receiving services?

At the VA level, we would like to talk about the number of blacks on professional services; that is, psychiatrists, psychologists, social workers and registered nurses, and the degree to which blacks are involved as consultants to the Veterans' Administration professional services.

The extent to which VA contracts with black community agencies as a support and the intensity of the program utilization for black veterans. In terms of PTSD units, we would like to talk about the proximity to major black areas, the degree of black staff, the extent of black community support, the use of black consultants with the regional medical educational center, more commonly known as RMEC, the extent of expenditures for racial and culturally sensitive programming, instruction, training and sensitizing, the degree of RMEC-initiated programming and workshops and seminars and the ongoing—we would request the ongoing monitoring of RMEC expenditures to minority-related educational activities that relate directly to raising the consciousness of mental health professionals as it relates to issues of race, culture, gender.

I want to say that I really am happy to have the opportunity to come and speak to you today, and that this testimony will not just be another exercise if futility, that you, as veterans yourselves, and as distinguished members of the Congress, would understand that the plight that black veterans are experiencing, the last-hired, first-fired, and within the VA, there seems to be an underlying theme that says, black people do not apply for jobs. But I would remind you that in the Boston Vet Center, and in a number of Vet Centers, none of the professionals that were hired came as the result of answering an ad placed in the newspaper. Most people come through the social network system. They are told by a fellow colleague; they are encouraged; they have made personal contact; there is more than, "Why, I put the ad in the paper, so that suffices. I met my obligation for hiring."

So I would like to end on that note and say that black veterans bring a unique resource to the Veterans' Administration, a unique resource and a unique perspective that can no longer be allowed to just sit dormant and be underutilized.

That is what I am asking for. Some people might feel that my testimony is a critique or a criticism of the system. I have always been confounded by the fact that we are not viewed as a resource, that our presence is always considered under less than ideal and more hostile situations.

What I would like to get people to see is that we come, willing to work, not just to present problems, but be a part of the problem-solving process and that that is what we are willing to do, to work towards some sort of mutual gains and to bring a much needed resource to the system.

Thank you.

[The prepared statement of Mr. Armstead appears on p. 115.]

Mr. **Evans**. Thank you.

Doctor.

STATEMENT OF SUSAN MATHER

Dr. **Mather**. Thank you, Mr. Chairman.

I am pleased to be here this morning to testify in connection with your oversight into the concerns of Vietnam era veterans.

I am speaking on behalf of the VA Advisory Committee on Women Veterans, of which I am the executive secretary and ex-officio member, representing the Chief Medical Director.

As you know, Mr. Chairman, women veterans now number of 1.2 million and make up 4.4 percent of the veteran population. The nearly 263,000 Vietnam era veterans constitute 22 percent of the total women veteran population.

The Advisory Committee on Women Veterans was established by the Administrator of Veterans' Affairs in April, 1983, and later mandated by statute enacted the following November. The creation of the Advisory Committee was a response to the release of a General Accounting Office report on women veterans which found that action was needed to assure that men and women have equal access to VA treatment programs and medical facilities; that women treated in VA facilities receive complete physical examinations; that gynecologic care is provided; that sufficient plans are made for the anticipated increase in female veterans and women veterans are adequately informed of their benefits.

In the 6 years since the report was released, the Advisory Committee has monitored VA's progress in complying with GAO's recommendations. The Advisory Committee's 1988 report to Congress found that the VA had successfully dealt with all the recommendations of the GAO. In relation to Vietnam era veterans, the committee specifically mentioned the GAO's finding that the Veterans' Readjustment Counseling Program had addressed the needs of women veterans. Even as far back as 1982, staff were being trained in counseling and outreaching women veterans.

As you know, Mr. Chairman, the Readjustment Counseling Service administers the nationwide system of 194 community-based outreach counseling sites, better known as Vet Centers, designed to address the needs of Vietnam era veterans.

Women Vietnam era veterans were early identified as a client population with special needs. The Women Veterans Working Group was established by the service in 1981 and its first report to the Director stressed the importance of training Vet Center counselors regarding the military experiences and clinical needs of women Vietnam veterans.

Outreach strategies for women veterans were also an early focus of the group. The working group is currently concentrating on a number of projects for women veterans scheduled for completion during fiscal year 1990.

In its 1986 report to Congress, the Women's Advisory Committee lauded the inclusion of an over-sample of women in the Readjustment Counseling Service's study of post-traumatic stress disorder, or PTSD, and emphasized its support for a study of women who served in Vietnam to include the possible adverse effects of exposure to the herbicide, Agent Orange.

The recently completed National Vietnam Veterans' Readjustment Study found that 8.5 percent of the 7,000 women Vietnam theater veterans, or 610 individuals, currently have PTSD. In addition, another 560 women have enough previous symptoms of PTSD to suffer to severe social and occupational impairment, although they do not currently meet the full diagnostic criteria for PTSD.

The study found that 73 percent of women veterans with PTSD had at least one mental health care contact in their lives and 55 percent made such a visit in the past year. About half of those seeking care in the past year used VA facilities, indicating that women Vietnam theater veterans are more likely to use VA health care facilities than their male counterparts.

The Advisory Committee has continued to stress the need for outreach to women veterans because women do not identify with their veteran status to the same extent their male counterparts do. There is some evidence that the identity problem is less common in women Vietnam era veterans than in their World War II counterparts.

Also, there is evidence that women seek medical solutions to problems more readily than do men and this characteristic allows them to seek VA services once they become aware of them.

The Woman's Advisory Committee has adopted a slogan, Mr. Chairman, which obviously applies to the Vietnam era veterans, as well as those who served both before and after. It is, "Women are veterans, too."

The VA is committed to equity in the provision of care and to heightened awareness everywhere to the fact that women are veterans, too.

This concludes my formal statement. I would be pleased to answer any questions.

[The prepared statement of Dr. Mather appears on p. 121.]

Mr. Evans. Thank you, Doctor.

You know, it struck me that we have a former Army medic, a Navy corpsman and you were talking about the women who quite often were nurses and other health care professionals, as well as other people, but I wonder if we are not dealing with a very intense form of PTSD affecting medical care people, those people who had to deal with the wounds and the constant injuries that veterans have.

Since I have you here, I want to ask some other questions, but is that a problem that you have found, that you all have maybe experienced with some of the vets that you are dealing with that have been corpsmen or perhaps in your own lives?

May we start with you, Doctor?

Dr. Mather. I think this is something that the women have described, that they were constantly dealing with the effects of war without having any way to expend their own aggressive energy. I mean, when you see horrible consequences of war, sometimes you want to fight yourself and there wasn't any way that the women who served as nurses could get rid of these feelings and they were supposed to be calm and they were supposed to be nurturing and care-giving. This happened 12 out of every 24—often 18 hours out of every 24 hours. There was really no relief from the stress they were under. This is something they brought home with them.

Mr. Evans. Are we addressing those kinds of problems within the Vet Center program? Is there specific training for our——

Dr. **Mather**. Yes. There is specific training for all Vet Center staff and, in fact, there are a number of women who serve as team leaders and who are counselors in the Vet Center.

Mr. **Evans**. We are really happy to have one in Peoria serve some of my district.

Ron, or doctor, do you have any similar feelings on that particular issue before I go to another one? Have you had the same kind of experiences or——

Dr. **Parson**. Yes, sir, I have had the same kind of experiences and I have met many medics over the years who are, like most other veterans, struggling to maintain equilibrium and integrate their war experiences.

There has been no research that I know of to date, any good research study isolating these factors, looking directly at people who provided medical services in Vietnam, except the nurses' experiences as reported by the RTI study, which is quite sound scientifically.

Yes, they have their problems as well to deal with.

Mr. **Armstead**. I would say the same. I don't think I can add anything to that. If anything, I would attempt to change the focus just slightly to talk about that plays out for people of color and women. The issue of racism and sexism just seems to compound the problem and in my experiences in the Vet Center system and working in conjunction with the VA, those two issues are very difficult for a lot of our majority clinicians and mental health providers to address.

It has been my experience, particularly with blacks, the first thing that they want to address, coming into the treatment process, is the issue of racism, how they were affected by it in Vietnam, how it brought them into the service, et cetera, and it is a major stumbling block in terms of opening them up to address other issues.

Most people—what I have seen is that even most people, or a number of folks would like to deny that it existed, that that is not the problem; that you have some other problems and try to either suppress it, deflect it, diffuse it, and this just exacerbates the problem because, once again, the person isn't allowed the opportunity to talk about those issues.

So that is what I would probably steer. That is not exactly what you are asking, but I would like you to think about that as as overlay on top of other issues of war.

Mr. **Evans**. Some commentators have said that the only real institution that is an open, equal opportunity employer in this country is the military, although it is hardly perfect. The people that have stayed in from our era have been able to move up. I am afraid that is not what you are indicating within the Veterans' Administration which serves a large proportion of the same people who have been discharged in terms of blacks and other minorities.

I hope to work with you. I want to attend the fall session of the Congressional Black Caucus, the workshops for black veterans. As we have talked before, I think Congressman Charlie Rangel has tried to serve very well in that capacity and I know there are problems. For example, Congressman Ed Towns, from New York City, when he turned to help family farmers in the rural South, as a

Black Caucus member, he was suddenly swamped with cases nationwide.

We want to work directly with Congressman Rangel and yourself and attend the workshop and encourage other members to at least stop by during that time if possible. If you can give me the dates as soon as you know and the times, it would be very useful for our planning.

You know, Dr. Parson, we called this panel Vet Centers and Readjustment Counseling. I read your testimony with interest and it brings back an incident that occurred to us in terms of our image and in terms of what we were presenting to veterans in terms of just how we name programs.

We used to call the jobs bill, the Emergency Veterans Job Training Act, and that created the message to employers and to the rest of society that, "Okay, here we are dealing with Vietnam veterans; it's an emergency and they had to have jobs," so I understand what you are saying. I found it interesting and fascinating to read your testimony last night.

My question is, I believe the veterans have a responsibility to project a positive image about themselves. We are also dealing with, for example, probably dozens of TV shows in the 1970's that are still in residuals, on cable TV and so forth that, by and large, according to several studies I have seen, depict Vietnam veterans as crazed baby killers and so forth. We now have maybe better media in terms of some of the movies, TV shows, and I think a warmer acceptance by society in general, but the media someting that we don't have much control over in terms of those old shows, at least?

Dr. PARSON. Yes, that is absolutely true, Mr. Chairman. We have no control over the media and the images they project about the true, positive value of the Vietnam veteran to this country. I think that those of us who speak to the media—and I am starting with myself—need to be much more careful than we have in the past in terms of what I say on local or national television about the so-called "readjustment" of Vietnam veterans.

I use the word "readjustment," again, a force of habit, I think we have some problems with that term. I would like to eliminate it from my vernacular altogether.

But I think that things are changing. The general climate is much more accepting of Vietnam veterans, but I think that this understanding, needs to be transformed into respect. Understanding and empathy is not the same as respect. I think that is the issue that we need to work harder on and do what we can to say, "yes, this veteran has PTSD, but he is still a human being." He is a human being who has a disorder, that he can learn to manage with support of family, community or professionals.

But to see the veteran as being totally PTSD with no redeeming qualities is really not true. It is unfair to the veteran and it keeps the veteran locked into a position of low self-esteem, poor sense of worthiness and competence to live in the real world.

I think veterans are being really harmed in that respect. I recall not too long ago a veteran coming in to a psychotherapy session with me complaining about what he had seen on television. Now, I know this veteran has had trouble for many, many years looking at television or movies about Vietnam because of his tendency to relive certain painful traumatic experiences, so he would rather not see that material. But what he was talking to me about this particular time was not about that fear and the need then to avoid the images from the TV because they were going to cause him to remember Vietnam. Waht he was saying is this: "I'm deeply hurt. I am hurt by what I'm seeing. It hurts my self-esteem as a person, as a man, as a father, as a husband."

It is a very different message from saying I don't want to see the TV or movies because they are going to make me remember Vietnam. It is a more self kind of issue. Self-esteem and one's worth as a human being is what we are talking about.

Mr. EVANS. All right.

Dr. Mather, we will be holding a hearing in June on women veterans issues, so we appreciate your testimony today.

Thank you all, again, for coming.

We have just been joined by the most senior member of our committee, Congressman Don Edwards, of California, and before we introduce the next panel, I would like to recognize him for any comments he might wish to make.

Mr. EDWARDS. Thank you very much, Mr. Chairman.

I apologize for not being here earlier. I started meetings at 8 this morning, but I want to congratulate the chairman and the members of this subcommittee for holding these very important hearings.

The concern of Vietnam era veterans are of great importance in our country, and I might add, I want to thank veterans of that particular era for the great support they gave over the last few years to judicial review. I am not at all sure we would have judicial review in operation or about to go into operation very soon if it had not been for the Vietnam era veterans.

So, thank you, Mr. Chairman. I am glad to be here.

Mr. EVANS. It probably wouldn't have happened without your original sponsorship of the bill, too, over all those years and we appreciate that, even though we are not talking about judicial review today.

Mr. EDWARDS. I understand.

Mr. EVANS. We also have a prepared statement from Congressman Cliff Stearns of Florida. His prepared statement will be entered completely in the record. He is not with us because of the House Republican Conference meeting right now.

[The information appears on p. 72.]

Mr. EVANS. We will now call panel four. The members of our next witness panel are Mr. Ken Feinberg; Mr. Dennis Rhoades; and Mr. Allen E. Falk. Please come forward and be seated.

Ken Feinberg is an attorney in Washington. He is a court-appointed Special Master in the Agent Orange product liability litigation.

Dennis Rhoades served in the Army from 1967 through 1970 and is a Vietnam veteran. Dennis is the former executive director of the VVA and served as director of the American Legion Economic Commission for the past 3 years. He currently serves as the executive director of the Agent Orange Class Assistance Program.

Allen E. Falk served in the Marine Corps from 1967 to the end of 1970. He was in Vietnam from 1969 through 1970 in the I Corps area. He is a full-time attorney in New Jersey and is chairman of the New Jersey State Commission on Agent Orange, which we celebrate and salute their fine work. We will be largely talking today about the efforts through the private suit, the efforts of the State of New Jersey, and my colleague in the Senate, Tom Daschle. We hope to introduce legislation soon that will address this as a Federal problem, long overdue legislation, in my opinion.

So, Mr. Feinberg, we will start with you.

STATEMENTS OF KEN FEINBERG, SPECIAL MASTER, AGENT ORANGE PAYMENT PROGRAM; DENNIS RHOADES, EXECUTIVE DIRECTOR, AGENT ORANGE CLASS ASSISTANCE PROGRAM; AND ALLEN E. FALK, CHAIRMAN, NEW JERSEY STATE COMMISSION ON AGENT ORANGE

STATEMENT OF KEN FEINBERG

Mr. FEINBERG. Thank you, Mr. Chairman. I am very pleased to be here today and to say hello again to Congressman Edwards, who I worked with for a few years when I was on the staff of the Senate Judiciary Committee a number of years ago.

I will be very brief. You have my written statement. I would just like to make two points, Mr. Chairman, here this morning.

The settlement of the Agent Orange product liability litigation is being implemented. The appeals have finally ended after some 4 and one-half years of litigation. We now have approximately $230 to $240 million that is being distributed and which will be distributed over the next 5 or 6 years, both to eligible Vietnam veterans, their families, their offspring, as well as through programs and projects that are being funded as a result of the settlement of that mass tort litigation.

We hope, over the next year or so, to get most of that money distributed to totally disabled veterans and to families of deceased veterans. That program is being run under the auspices of the Federal District Court, and we believe that we at last are able to get that money out to eligible veterans.

The second issue I want to raise is problematic. Under existing law, moneys that are distributed to eligible Vietnam veterans run the risk of being offset by certain Federal and State benefit programs, such as SSI. In other words, any money received by an eligible veteran pursuant to the settlement may result in that veteran's other subsidy payments—means payments—being reduced.

Now, last year, as you know, Mr. Chairman, legislation was enacted which would prevent any offset from those Veterans' Administration programs. This legislation was enacted that said that if you receive an Agent Orange payment, your veterans' payments will not be offset.

However, that legislation, that new law, is limited strictly to certain veterans' programs. So what we find today is the irony that as we begin now to distribute this money to veterans who are eligible, who were exposed to Agent Orange in Vietnam, there is a very real likelihood that any money received by a veteran will, in turn, result in that veteran's other compensation, Federal and State benefit programs, being reduced by the same amount.

Now, legislation has been introduced in the House and the Senate to prevent this type of offset. We are talking, Mr. Chairman, over the next 6 years, of a total amount being offset of somewhere in the vicinity of $8 million. It doesn't do much to the Federal Treasury, but it could mean a great deal to individual Vietnam veterans who desperately need this very modest payment that they will receive under this program.

So, I am here today not only to provide the committee with any further information it may seek in terms of the status of the Agent Orange Payment Program, but to urge the committee once again to go one step further from where the Congress went last year in terms of veterans payments and to promptly enact a new law that will prevent the type of injustice that I think would occur if these *de minimis* payments—the maximum payment that any veteran will receive under this settlement, over time, is less than $13,000—resulted in an offset against SSI or medicaid or other Federal means-based programs. I think it would be unjust to permit such offsets. I would hope that this committee would take a hard look at changing the law across the board to prevent that type of offset.

[The prepared statement of Mr. Feinberg appears on p. 125.]

Mr. EVANS. You are not talking just merely about SSI. Are there other Federal programs?

Mr. FEINBERG. There are a few other programs.

Mr. EVANS. Okay.

Mr. FEINBERG. There is medicaid; there are some State and local subsidy programs as well.

Mr. EVANS. How are we getting the word out about State or local programs? Have you been able to communicate to State Representatives and Senators?

Mr. FEINBERG. Absolutely. We have developed, over the last few years, with the help of the various State Agent Orange Agencies, the Congress, the Senate, Governors' offices, local Veterans' Affairs Offices, a network of information. We are, I think, effective in getting the word out as to what the problems are and what the payments are and how this program might benefit veterans at the local level.

Mr. EVANS. Thank you.

Mr. Rhoades.

STATEMENT OF DENNIS RHOADES

Mr. RHOADES. Thank you.

I think most of the background of the assistance program is in the statement, Mr. Chairman, so I am going to skip ahead and try to give you a thumbnail sketch of what we are doing and some of the criteria we are currently using in funding programs, which I think has a bearing on your work here.

I started work on January 9 of this year and the first thing that confronted me were 147 largely unread proposals which had to be dealt with and an anxious court which had seen settlement moneys sitting in a bank 4 years and wanted to see those moneys distributed.

Happily, within the first 3 months, we were able to make the first eight grants under the assistance program. We are making grants to social service organizations to provide a variety of services to Vietnam veterans and their families with an emphasis on services for developmentally disabled children.

This is quite a departure from the usual areas of Veterans' Affairs, which have tended to deal with the individual. I have often said that it seems to me part of the problem with the way we do things and the way we approach things in Veterans' Affairs, even today, is we tend to treat Vietnam veterans like they were 22-year-old kids.

Mr. Chairman, on August 1, I am going to turn 45, and I suspect most of my colleagues are pretty much in the same age category. One of the things we find very exciting is the opportunity of not only dealing with the veteran, but dealing with the veteran as a part of a family unit.

In selecting the programs in the first-round grants we considered what we could do to expand the horizon of services that are available to Vietnam veterans and their families. We do not seek to duplicate or replace existing services. We have a one-time $52 million resource. When that money is gone, it is gone.

The worst thing we can do, from our perspective, is to create services which the Government can, ought to, or must provide, or for furnishing substitute funding where the appropriation process has resulted in curtailment of funding.

We received somewhat over 50 proposals dealing with counseling in connection with post-traumatic stress disorder. Of those 50 proposals, about half wanted funding to replace moneys lost from the VA contracts-and-fees program. It is my understanding, by the way, from talking to many organizations, that 50 percent funding cuts were not unusual on very short notice during the past year.

But the court has been very adamant that we are not going to back up that funding; we are not going to substitute the funding because otherwise, we encounter a situation very much like the payment program now faces. We have defeated the purpose of the exercise, because the ultimate beneficiary is the Federal Government, rather than the Vietnam veteran and family.

I think the Agent Orange Class Assistance Program is not going to get into that kind of funding pattern and I don't think it is appropriate, in light of the settlement, in any case.

We are very pleased with our first eight grants. They are summarized in the statement. We are hoping to come back to you in another year or 2 years and show you a lot of different things that we are doing. We have just started. At the present time, we are developing some national programs to support what we hope will be, eventually over 200 community grants. Those supports primarily will focus on resources, technical assistance and referral.

I want to add one other thing, Mr. Chairman, that we have experienced, since I have been aboard, and that concerns activities with Vietnam veterans with children with birth defects. Seventy percent of the calls that I have taken personally from individuals who are wanting some help are from parents with birth-defected children.

We have curiously received no calls from anybody who wanted work, except for people who wanted to work for the Class Assistance program, or from people interested in benefits. This confirms, I think, what was one of the major thrusts we found in the fairness hearings which the Court conducted 4 years ago, and that is that Vietnam veterans are very, very concerned about their children.

That is why we intend to continue to place that kind of emphasis on the subject of birth defects and child health as we go forth with this program for the next several years.

Thank you.

[The prepared statement of Mr. Rhoades appears on p. 132.]

Mr. EVANS. Thank you.

Mr. Falk.

STATEMENT OF ALLEN E. FALK

Mr. FALK. Mr. Chairman, first I would like to concur in the remarks both of Mr. Feinberg and Mr. Rhoades. However, I am going to address more of the overview of the status of the Agent Orange issue today, which I feel is important to the understanding of the committee and, therefore, I would ask the committee to bear with me as I read my formal statement.

First, I would wish to thank you for holding these hearings on this important subject. The Agent Orange issue is of great importance to our Nation for a number of reasons.

First, we must be responsive to the needs of all of our veterans, for only if our veterans are fairly treated can we be sure that we will be able to recruit future veterans to protect our freedom.

Second, the Agent Orange issue deals with the question of health effects on human beings from exposure to toxic chemicals, especially to dioxin. Vietnam veterans concerned with Agent Orange research are acting as point men for all society so we can learn what risks we all run from our exposure to dioxin.

Finally, the Agent Orange issue serves as a test of our institutions and our ability as a Nation and a society to respond to the valid needs of our citizens. Unfortunately, at this time, it is clear that we have failed this test.

There are many concerns of Vietnam era veterans about Agent Orange. These concerns can vary amongst era veterans, both men and women. Some did not enter into Vietnam at all. Some veterans did enter Vietnam, but had very little opportunity to be exposed to Agent Orange; such as pilots, sailors and certain support personnel.

Other veterans had limited opportunity to be exposed in the field, but may have consumed dioxin in the water supply or through base perimeter sprayings. Many ground troops were heavily exposed by operating and living in areas that were saturated with the Agent Orange spray.

Finally, many spray handlers and Ranch Hand personnel are known to have been heavily exposed to Agent Orange. All of these Vietnam era veterans have one common concern and that is to find out what are the specific health effects of exposure to Agent Orange.

Some of there questions are: Will Agent Orange exposure make me sick? Do I run an increased risk of developing cancer? Do I still have dioxin in my blood from that exposure? Is my exposure affecting me psychologically? Is it safe for me to have children? Will my children develop health effects because of my exposure? And many similar concerns.

It has been over 10 years since Congress mandated the studies to find answers to these questions. Over $180 million was initially allocated in the struggle. Yet the story of the Agent Orange issue, as I have indicated, is a story of failure on the part of our institutions, all our institutions, executive, judicial, legislative, at the State and Federal levels, the scientific community, the business community, the corporate community or universities, our labor unions, our private foundations, charities, press, the public, our public interest groups and our veterans groups.

Despite the efforts of all of these, we do not today have answers to Agent Orange exposure.

As Pogo said, "We have met the enemy and he is us." We have been able, through all our efforts, to establish that large numbers of Vietnam veterans are not dying at unnatural rates compared to other members of society. Beyond that, we still do not have specific answers for veterans.

Why is this so? Where have we gone wrong?

Since the Agent Orange issue first became known in the late 1970's, Congress has been both sympathetic to the concerns of Vietnam era veterans and well-intended with its efforts to study Agent Orange exposure. It has even been generous in the funds appropriated for these efforts. However, Congress has not been able to translate its intentions and its appropriations into significant, hands-on research to answer the necessary questions.

Many people believe the Federal Executive Branch has also been well-intentioned throughout the course of the last decade in this area. Many people do not believe this. However, its efforts have been doomed to failure because of a lack of trust and credibility given by Vietnam era veterans.

This problem is institutional. If competent research proves that certain health effects are directly associated with Agent Orange exposure, there is no question that many Vietnam veterans will be eligible for service-connected benefits. In these times of budget restraints, Vietnam era veterans do not believe that the Department of Veterans Affairs and the Executive Branch are anxious to add to their financial burdens by searching for such possible health effects.

As an attorney, I must also state that our judicial system has failed the Vietnam era veteran in this issue. Early on, veterans who were exposed to Agent Orange and who suffered clear health effects brought suit in Federal court against the companies who produced Agent Orange and the Federal Government, who ordered its use. For many years, veterans believed that they would eventually receive their day in court, that the true facts concerning Agent Orange exposure would be revealed in the arena of a Federal courtroom. Unfortunately, the legal process only added to veterans' frustrations, when, of course, as we know, the entire litigation was settled at the 11th hour prior to trial.

Now, I certainly acknowledge that the $180 million settlement obtained for the benefit of certain disabled veterans and survivors of those who are deceased is fair and reasonable under the circumstances and the evidence available to put before the court.

I certainly believe that Mr. Feinberg and Mr. Rhoades and their staff have been doing an excellent job in administering those funds.

However, I have clearly observed the frustration and anger from Vietnam veterans who feel betrayed by their failure to receive their day in court. The point here is that Vietnam era veterans are more interested in truthful answers to their questions than in the monetary compensation being offered to them.

So far, my discussion has been about the various branches of the Federal Government. I must also note that, with few exceptions, New Jersey being one, State governments have avoided the issue of providing answers to their Vietnam veterans, or at best, have indulged in half-hearted efforts in this area.

Further, there is no reason for pride on behalf of our corporate structure and community. They have been more interested in denying any guilt in the Agent Orange issue than in attempting to provide hard scientific answers, although they have many laboratories and facilities that could be used in the search.

Unfortunately, again, with a few rare exceptions, our great universities, colleges, teaching hospitals and the academic community have not independently provided leadership on this issue or created their own studies concerning Agent Orange exposure. Although many Vietnam era veterans belong to labor unions, they have not been active in this fight. Nor have public interest groups indicated that Agent Orange exposure is a priority with them. The same is true of private foundations and charities.

While our national veterans groups are now very supportive on the Agent Orange issue, it was many years before Vietnam era veterans were able to persuade them of the importance of this issue. In fact, some Vietnam veterans themselves were responsible for delay and inertia on the issue because of their suspicions and reluctance to become involved in any research sponsored by governmental agencies.

Finally, the press and the public have, in their reaction and their support for this issue, created a certain amount of ambiguity and confusion. They have often thrown the Agent Orange issue into the lead on the evening news and on the front pages of our newspapers. However, this usually occurs when special events are happening, such as the unfortunate death of Elmo Zumwald, Jr., believed to be associated with his Agent Orange exposure, the settling of the Federal lawsuit, or some such newsworthy occurrence.

Unfortunately., the important bits and pieces of a jigsaw puzzle that are regularly being discovered through basic research are often not considered newsworthy.

In addition, while the press and public generally support the efforts to provide answers to Vietnam era veterans, at times, they can be critical and unsympathetic. I have read many editorials and letters to newspapers stating that Vietnam veterans are guilty of "green mail" in seeking compensation and moneys for conditions that cannot possibly be associated with dioxin exposure.

If, as I have stated, the primary concern of Vietnam era veterans is to get hard and true answers on the question of dioxin exposure, and if our institutions have been failing in responding to those concerns, what, then, is the remedy? The answer is simple, simple to define, but extremely difficult to carry out.

We must renew our efforts on basic research; we must provide and encourage independent investigator-initiated research on the question of Agent Orange exposure. Such programs include the "Point Man" project of the New Jersey Agent Orange Commission, the American Legion-Columbia University Exposure study, and the Veterans' Administration's own Twin Study. Here I must differentiate between dioxin exposure and Agent Orange exposure. While we can now measure dioxin in the blood and fat of Vietnam veterans in parts per trillion, we still are not positive that health effects associated with Agent Orange exposure are only from the dioxin.

Another important component of Agent Orange was the chemical 2-4-D, which is still in use as an herbicide. Using the dioxin as a measurement of exposure, it is still possible to devise many different tests for determining health effects of Agent Orange exposure.

We are not talking here about $100 million programs or grants; we are talking about many smaller grants and programs in the area of a few hundred thousand dollars each.

If the commitment is made to continue this research, I am confident that the promises made by our Nation to Vietnam era veterans can be carried out and their concerns can be fully and fairly met.

Thank you.

[The prepared statement of Mr. Falk appears on p. 138.]

Mr. EVANS. Thank you, Mr. Falk.

Mr. Rhoades, you stated the Court's reluctance, and I can understand this, to help fund cutbacks in programs like the contract portion of the Vet Center program, which has been cut back fairly largely. What other kinds of proposals have you seen in that regard that don't deal directly with Agent Orange problems? What kinds of problems?

Mr. RHOADES. We have received proposals in the area of job programs, homelessness, substance abuse. Basically there are five major categories: birth defects, PTSD, jobs, homelessness and substance abuse. We see, particularly from the jobs proposals and some of the homeless proposals, indications that the organization had either had funding under the Job Training Partnership Act or the Stewart McKinney Act and had subsequently lost that funding or that the funding had been curtailed.

We are also somewhat concerned about some policy decisions being made at the Department of Labor now which will focus more funding resources under Title IV-C of JTPA to the State Employment Service, rather than to community-based organizations, run and operated for Vietnam veterans.

We expect that the assistance program will feel the consequences of that in terms of people asking for settlement funds. We think that is unfortunate, but we think the Government has an obligation to support those kinds of community programs which differ in approach and clientele from those typically seen by the State Employment Service.

Mr. EVANS. You stated that of your first eight grants, four were for services to children of Vietnam veterans born with birth defects.

Can you elaborate on those specific grants, those four?

Mr. **Rhoades**. Sure. Two of them are—one on the West Coast and one on the East Coast, the Federation for Children with Special Needs and the Team of Advocates for Special Kids—are parent advocacy programs. One of the major problems any parent with a child with a birth defect, particularly a major birth defect, has is finding resources to either medically correct it, or to final educational resources. By the way, half of all children with birth defects are learning-disabled, and that poses a big problem for some parents.

In school systems which run into budget problems, the first set of programs that go are the programs for disabled kids, particularly learning-disabled kids. The two organizations we have funded teach parents to advocate effectively on behalf of their children and on behalf of their children's needs and to access existing resources which they might not otherwise either know about or have the patience to aggressively seek out.

We are funding a program you may be familiar with, Mr. Chairman, because it is fairly well known in this area, the National Handicapped Sports and Recreation Association. As you know, that was set up and run by a disabled Vietnam veteran by the name of Kirk Bower. Kirk is doing a program for us which takes disabled kids out and teaches them to ski and to participate in sports, which is very good for the building of the self-image and helps a handicapped person adapt to the handicap and to gain some self-confidence.

The fourth program we are doing is with the Occupational Center in New Jersey and deals with very severely disabled kids. It is a respite care program. One of the things that you learn when you start dealing with this subject is that for parents who have severely disabled children, the need for constant care can be very draining on the family structure, and ultimately be very harmful to the child. Some kind of a respite is necessary to allow the parents to get out, get away and lead some semblance of a normal life for a few hours on a weekend. At the same time, that is not something that is easily done because if it is a severely disabled child, you have to have somebody trained who knows how to take care of a child with that particular kind of disability.

So that is what is happening in New Jersey and we are very excited about looking at that. All four of these programs, we are looking to as models. We are probably in a pilot stage, you might say, to see how well they work, how they need to be adjusted. We would like to replicate them through the Vietnam veterans community as we go down the road over the next 7 to 10 years.

Mr. **Evans**. Is this intended, in these specific four projects, to be start-up money as opposed to continued funding, sustaining money?

Mr. **Rhoades**. These projects—and indeed, any other projects we do—are pilot programs. I suspect that the average program that we are going to do, according to our projections, is going to last anywhere from 2 to 3 years. We won't be getting into 7- to 9-year mortgages because obviously, you can't make resources available to nearly as many organizations.

On the other hand, 1-year funding generally is not enough to get an organization up and running, to get a program operating effectively and to be able to assess how well that program is working.

So, for planning estimates, we are using a figure of about 2 and one-half years, and I suspect we are going to stick with that. There may be some exceptions.

Mr. EVANS. My time is about expired. I do want to ask one question of Mr. Falk, since it relates to something Congressman Edwards has advocated in the past.

We have had—the study shifted from the Veterans' Administration before I came to Congress because, I think, of perceived hesitancy on the part of the VA to thoroughly research this in the proper way, to the CDC. Now there are suspicions that the CDC has not done anything but engage in the same kind of foot-dragging that we have seen in the VA.

Years ago, Congressman Edwards was in Vietnam and suggested that we look at studying Agent Orange exposure in what he called the "living laboratory" of Vietnam because of the numbers of people who were continually exposed in Vietnam, women, children and men, and all the related problems they are now facing.

My question would be, would you support some effort by the Federal Government to look to private universities, as some universities have, to study Agent Orange exposure in Vietnam?

Mr. FALK. As you indicated, Congressman, it is a living laboratory out there. Obviously, the exposure to the Vietnamese population was very great and certainly we would be interested in studies there. Problems that we have seen in the past have been the question of their own recordkeeping, accuracy of their hospital records concerning certain health effects and exposure. But we have always believed scientifically, aside from any political issue or administrative issue as to how to conduct it, scientifically it was always very valid to study not only the personnel, but the soil, and try to determine what exposure levels were and still are today.

Mr. EVANS. Fine.

Congressman Edwards.

Mr. EDWARDS. Just a word, Mr. Chairman, and thanks to these witnesses. They are very valuable and it is a pleasure to see Mr. Feinberg again. We have worked together for many years.

I believe that my investigative trip to Vietnam for this committee was about 10 years ago, and I want to reinforce what Mr. Falk said. The evidence is so difficult to gather there because their facilities are so rudimentary. The hospital system lacks equipment and recordkeeping is inadequate. I am sure the Vietnamese Government would welcome a study. There was a study made. Unfortunately there were some accusations of political leanings in the group of scientists that went there, but I thought the work they did was very valuable.

If a group could go that had no political bent one way or the other except to find the truth and it was financed well, I think it would be very helpful to our situation here in the United States, Mr. Chairman.

Mr. EVANS. Thank you.

Mr. Falk, do you have any other suggestions? I don't want to research this issue to the literal death of thousands of Vietnam veterans, but if we were going to put more money in to research, how would you do that? Would you go to private institutions? Would you go to commissions like your own or do we have enough evidence at this time to move on legislation?

Mr. FALK. We don't have enough evidence, Mr. Chairman, and the approach that we are suggesting, this investigator-initiated research, is—because of a time span, and we don't have another 10 years to do research on Agent Orange—1989 was the original target year for answers from the VA and that is why New Jersey started its own commission because we couldn't wait until 1989 in 1980. Now we are in 1989 talking about when we are going to get the answers anyhow, but we have found that in the scientific community, there are a number of independent researchers with no ax to grind who believe that there are ways of conducting investigations scientifically that can provide some of these answers. They may go down a dead end, but if you have a small shotgun approach, inexpensive programs that can be financed—whoever wants to put it together, whether it be a public-interest group, a university, a veterans' organization in conjunction with some scientists, we are not advocating it from the State Commission. We are not looking for funds from the Federal Government, but we are attempting to do the same thing, find the investigators who say to us, "We think we can answer your questions and here's how we'd do it."

Then we would say to them, "Well, we'll give you a little seed money. You start on it and if it's promising, then, we'll pour some more money in, but we don't have time to commit large sums of money and then find out 4, 5 or 6 years later that there really wasn't any way of proving this proposition."

So that is what we are contending. We should be looking for investigator-initiated research and pilot studies to cover these areas that have not yet been answered because the veterans don't feel they have been answered.

Mr. EVANS. We thank you all for your testimony. We look at this as a Federal problem and we appreciate what you have done in this suit and the settlement and in administering it, as well as what you have done at the State level. This is a Federal responsibility. The concerns of the Vietnam Era Veterans in Congress is that we need Federal legislation for compensation and treatment just as generous as we can get to help these veterans and their families. We will be looking with interest at what you do in terms of distributing these moneys and hope you can keep working in New Jersey on these issues as well.

Thank you very much.

Congressman Jim McDermott has just joined us. I am pleased to introduce him to you. He is a highly regarded and respected Member of the House. He is a determined advocate for Vietnam era veterans and an effective member of our Vietnam Veterans in Congress Caucus.

He was a Navy doctor who counseled returning marines and sailors with post-traumatic stress disorder problems during his service experience. We very much welcome your testimony, Jim, and recognize you at this point.

STATEMENT OF HON. JAMES A. MCDERMOTT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WASHINGTON

Mr. McDermott. Thank you, Mr. Chairman, members of the committee. I'm pleased to be here.

When I got out of the Navy in 1970 I never thought I'd be sitting in front of Congress as a Congressman, testifying on this issue. I'm very pleased to be here, and I think you are to be commended for pursuing an issue that I think is still largely ignored in this society.

My experience is not only the 2 years I spent as a Navy psychiatrist. I was the chief psychiatrist at the Long Beach Naval Station, so I dealt with people coming back acutely from Vietnam. Many of them had been back less than 24 hours when I saw them.

I also in my private practice over the 25 years I practiced in Seattle saw Vietnam veterans in a variety of settings. I was a consultant to the King County Jail, and I very frequently saw people there who were clearly suffering from post-traumatic stress disorder. I saw people in my private practice. I worked with a group that had a contract with the Veterans' Administration, so I saw people who were still not seriously involved in problems in the society in terms of being in jail or whatever but were certainly suffering the continuing difficulties as long as—I saw a man in my practice in 1987 still having the problems related to Vietnam.

I think you have had technical testimony from people about statistics and all the rest, and I think the reason I am pleased to be here is that I get to speak for the 80 percent of the people who do not come and get services from the veteran centers.

The cut that was made in January, a 21 percent cut for the West Coast centers, in my opinion, was criminal. The problems are still there. There are still enormous demands for services, and you have people who are being turned away or have to wait. I think that if you served your country in the sixties you ought to be entitled to treatment in the eighties or the nineties.

I think the thing that is probably most difficult for most people to understand is, how can something like this exist 25 years after the war?

The history of post-traumatic stress disorder is really a very interesting one. That diagnosis was originally made in psychiatry in the First World War; it was called shell shock in those days. The theory of treatment at that point was, take somebody from the front, take them back to the United States, and what they found out as a result of that was, they made permanent cripples of many, many people.

In the Second World War it was called combat fatigue or battle fatigue, and they began to realize that the quicker they could get people treated and get them back into fighting that they would have less chance of long-term effects.

The problem with the Vietnam veteran was that when he came back to the United States there was no welcoming, open arms of the society, of the community, of the Government, to recognize his problems. So what happened was, he didn't get that acute treatment. I would just tell you a couple of stories so you get a feeling of the range of things that I have seen.

When I was working at Long Beach, 1 day they brought a young man to me from the brig who had been standing guard duty. He had been back from Vietnam for about a month and was standing out there, and 1 day an officer drove out, didn't salute, and this young man unholstered his 45 and emptied it into the trunk of that car. When I saw him, he was an emotional mess because he said, "You know, I don't know why I did it. I don't understand." But this kid was still so wired from having been in Vietnam that he was just on a razor's edge.

I saw 15, 20 years later in my practice, when I worked at the jail, a young man who got depressed, he couldn't hold a job, his marriage was falling apart. He took his kids and barricaded himself in his house. When the sheriff's police came to take him out and take him to the mental hospital because he was threatening to kill himself or kill his kids, or he didn't know what he was going to do—he was really quite distressed—they surrounded the house. He told them to go away, he was going to take care of it himself. They didn't go away, and finally he fired shots not at anybody, he fired them straight up in the air. That was considered an assault charge. He was put in jail, and he spent 2 years in the penitentiary for a depression caused by his Vietnam experience that had never been treated.

At that point—this was in 1977 or something like that—it was very difficult to get the courts to recognize that, that this man needed treatment, not to be sent to the penitentiary for a couple of years for a depression. The man did not threaten anybody. Certainly he scared them and knew how to shoot a gun; he didn't point it at anybody, he just shot up in the air and hoped they would go away.

Those kinds of people are out there today. It is estimated that 15 percent of the Vietnam veterans came back with post-traumatic stress disorder. Probably 20 percent, at max, have received any treatment. In the State of Washington, there are a lot of young men—not young men any more actually, they are in their 30's and some of them in their 40's—living in the mountains, living away from society, really still suffering from the events that they experienced.

It seems to me that the effort is, in my belief, in looking at this situation, that there has to be a setting that is accepting of the Vietnam veteran and one that he feels is on his side.

The real strength of the vet centers is that they are not at the veterans' hospital. For whatever reason, one of the well known symptoms of PTSD is a distrust of authority and a distrust of the Government, and it is very common to find that it is very hard to get these young men—these people, to come in and see somebody if they are in a setting that is associated with the Government. So the veterans' centers have been very successful in providing a place to come where people feel comfortable.

It is easy when the budget is short to say, "Well, out-patient services ought to be the first thing we cut off, because we have to deal with all these chronic illnesses and what-not in the hospitals," and certainly the hospitals need money. But to cut off the veterans' centers and to reduce the ability to treat the post-traumatic stress syndrome when people do come forward, and they are still coming forward, is to suggest that we won't treat things until they are hospitalizable, we won't treat them until they are so chronic and so severe that there is no way to keep people functioning. It is very short-sighted, it is not economical, and it is very inhumane.

That is why I was pleased to have the opportunity to come here and talk about it. I think the phenomenon of post-traumatic stress disorder is obviously something that is—it is not a mental illness, it really is a reaction to an abnormal stress in the society. You see the same kind of things when people are involved in airplane crashes or earthquakes or fires or torture or concentration camps, you can see the same kind of symptoms when a human being is subjected to a kind of life-threatening situation. Some people have a response to it that is called post-traumatic stress disorder, and it is treatable. It is a real phenomenon, it is not something made up by—I listened to the last testimony here about greenmail, people trying to get payment one way or another.

I also saw Vietnam veterans who came out of the military and finally got themselves jobs and then got injured, got industrial injuries, and I would get referred from some attorney a veteran who had an industrial injury who was not recovering, and they were asking why not, and, as you delved into it, you found again and again that you had the symptoms of post-traumatic stress disorder which was then manifesting itself in a kind of physical and emotional response to an injury that brought back the whole of their previous experience. Some kind of traumatic incident on a job would remind them of some incident in the field, and they would begin to be depressed or having other physical symptoms that made it impossible for them to go back to work.

I hope that this committee will be able to recommend to the Appropriations Committee additional money for the vet centers that not only should not be cut, it should be restored to its previous amount and increased.

I would be glad to answer questions.

Mr. EVANS. Thank you for testifying.

You were a pioneer in treating post-traumatic stress disorder, and you are really an invaluable resource to us in trying to gain some ammo for fighting for those additional dollars.

Let me ask you in terms of just your experience with these veterans is the 21 percent cutback that you mentioned going to really hurt that climate that has already been established in some of the existing vet centers when we lose counselors that some people have developed a rapport with and so forth? What do you think that impact will be on veterans already using the program?

Mr. McDERMOTT. It obviously is very destructive, because what you are dealing with is somebody who has, for a long time, had this problem and finally takes the step to go and do something about it. He is very reluctant to go in the first place. He has waited maybe 10, 15 years. He finally goes and establishes a relationship, and then along comes the Government, cuts the program, and he loses the person that he has begun to relate to. That means he has to start all over again. It recreates in his mind the whole question of whether the Government really cares, whether anybody really cares about what he is feeling, if they just cut the program when he has finally worked up the courage to get involved in it.

The other side of that is, the waiting list for those people who stepped forward for the first time and are made to be put on a waiting list. If you finally get yourself ready, screw up your courage to go in and see somebody, and then find that you have to wait 6 weeks or 2 months, very often people don't return for the visit if there is that long a waiting period.

So that is the reason the cuts are very destructive both for those people who are in treatment and those people who come for the first visit.

Mr. EVANS. If we had the money to reach out to these folks who are so-called trip-wire veterans, which is an issue of great controversy and recently CBS Reports presented an hour-long program on them, how would we reach those fellows and women?

Mr. MCDERMOTT. They are probably the most difficult of the population, of the segment of the Vietnam veterans to deal with, because they are so well entrenched in the kind of defense mechanism they are now using—that is, almost total withdrawal from the society. It would require a real outreach program of people who are willing to go out and establish a relationship one at a time with those people out in the woods.

There are parts of the National Forests and the National Parks where people should be careful when they go because of the fact that these people are out there and they are still at war with the world. They are operating in a battlefield kind of mentality, and it is something that requires somebody who understands a lot about what they are like. You couldn't just send out your average 21-year-old college graduate with a degree in social work and say, "Go out and find them." They would never be able to make contact with them. It would take somebody who had had the experience, who had been trained, to be able to make contact with them. It would be like a community outreach program that you do in the cities when you want to deal with certain kinds of populations.

Mr. EVANS. We salute again your efforts and appreciate your testifying. We hope we can learn from our experience so that people such as those on the *U.S.S. Iowa* who may have these same kinds of problems today can benefit from what we have done.

Congressman Edwards.

Mr. EDWARDS. Thanks, Mr. Chairman.

I was thinking as we sat here with our witness how fortunate we are to have somebody like Dr. McDermott here as a Member of Congress. We are sort of overloaded with lawyers in Congress, and someone with your professional background is really going to be of great help.

I am so disturbed that we are cutting back on the vet centers. We had one heck of a time getting them established in the first place. The VA never did want them. I think they thought that the centers would be difficulet to control. But to think that they are being cut back is very disturbing, Mr. Chairman. We have one in my district, and I haven't been there for a few months. I'm going to hustle right over and find out what is going on.

Just one question. Do you think we ought to have more national programs sponsored by Congress indicating our gratitude and appreciation for the Vietnam veterans?

Mr. McDermott. It makes me emotional sitting here, and I didn't go to Vietnam, I didn't even go and fight over there. I realized how much of it is buried in me the first time I went to the Vietnam Memorial. I think whatever we can do as a Congress to say publicly to people what we care about I think is important to do, because it was all buried.

Everybody came home. I don't think what I was listening to from these Marines—you would come home, or you would get picked up—just like the movie "Platoon"—you would get picked up by a helicopter, you would have paddy mud still on your boots, and within 24 hours you were standing on Ocean Boulevard in Long Beach, and people were spitting on you and calling you "baby killer" and a lot of other things, worse, and those kids were totally unprepared.

If you compare it to the Second World War, first of all, it was a good war, we were all happy we won it, everybody got on a ship and took 30 days to get home and kind of worked it out and drank and played cards and talked about their buddies who got killed and all the rest. In this situation, within 24 hours they were back right in the middle of a society that was totally against them, and the reception just drove it inside. They did everything they could to hide it, and it has really not been brought out.

It was exciting to me to see the march, the sort of parade that they did a couple of years ago. That sort of digs it out of people, and I think that is important for us as a Congress to do.

Mr. Edwards. Thank you very much. Thank you, Mr. Chairman.

Mr. Evans. Thank you again.

I might recommend to you the new book by Bob Green just out recently called "Homecoming," which describes the experiences of many Vietnam veterans returning home.

Thank you.

Panel five is comprised of Mr. Medric De Hoog, Mr. William Pittman, and Mr. James Ross. If they will come forward, please, at this time.

Mr. De Hoog served in the Army from 1944 through 1947 and received the American Campaign Medal and the World War II Victory Medal. He is a veterans' resource specialist representing the New York State Department of Labor today.

Mr. Pittman served in the Navy from December 1965 through June 1969 and was a medical corpsman. He served in Vietnam from April to September 1967. After recovering from wounds, he was assigned to the Agency for International Development, Naval Medical Facility, in Taiwan, Republic of China. He has worked for the past 13 years for the U.S. Department of Health and Human Resources and is presently on detail to the President's Committee on Employment of People with Disabilities.

James Ross served in the Army from 1970 to 1973. He was in Vietnam from 1970 to 1971 in the Signal Corps as a radio operator. Currently, he is the State coordinator for West Virginia Veterans Entrepreneurial Training, and he is the president of Chapter 38 of the Vietnam Veterans of America. He has received the State Veterans' Advocate of the Year Award from the Small Business Administration, and he owns his own consulting firm.

Mr. De Hoog, we will start with you and you may proceed.

STATEMENTS OF MEDRIC G. DE HOOG, NEW YORK STATE DEPARTMENT OF LABOR; WILLIAM PITTMAN; AND JAMES ROSS, PRESIDENT, CHAPTER 38, VIETNAM VETERANS OF AMERICA

STATEMENT OF MEDRIC G. DE HOOG

Mr. DE HOOG. Mr. Chairman, on behalf of the Honorable Thomas F. Hartnett, Commissioner of the State of New York, I wish to thank you for the opportunity to appear here today to address the special concerns of Vietnam and disabled veterans.

The U.S. Department of Labor, Bureau of Labor Statistics, in response to concerns expressed by the veterans' community, several years ago conducted a "Special Survey of Vietnam Theatre and Disabled Veterans." This study came to the attention of the Honorable Mario M. Cuomo, Governor of New York, and prompted an examination of what we were doing to assist veterans with their employment and training needs in our State and how we could do a more effective job with the resources available or potentially available.

In January 1988, Governor Cuomo directed Labor Commissioner Tom Hartnett to formulate a veterans' bill of rights for employment services at the New York State Department of Labor. The Governor noted that, "Our veterans have a right to expect every opportunity for full participation within our economy. It is very clear, however, that no factor is more critical than the attainment of full and productive employment...This is New York's commitment to the proposition that every veteran has certain rights when seeking a job or training that will lead to a job."

On March 30, 1988, Governor Cuomo announced the implementation of phase 1 of New York's Veterans Bill of Rights for Employment Services. Every man and woman who enters any New York State Department of Labor facility is asked if they are a veteran of military service. If so, they are immediately handed a copy of their rights in the form of a wallet card.

Our labor Commissioner, Tom Hartnett, believes that the best judge of whether veterans are receiving their rights are the veterans who seek our services. So we make every effort to inform every veteran of his or her rights as they come through the door of our facilities and to provide them with an instant accountability mechanism if their rights are abridged. Essentially, the Governor and the Commissioner of labor have appointed every unemployed veteran in New York as an ombudsman to ensure quality of service to our veteran customers.

This wallet card also lists some other services provided by the New York Department of Labor and the veterans' hotline toll-free number that is an instant accountability mechanism as well as a place to call if you need more assistance. This has ensured a minimum threshold of services in all 91 of our job service offices. Over 80,000 veterans have received a personal copy of the Veterans Bill of Rights for Employment Services.

In addition, the Veterans Employment Hotline receives over 300 calls per month, of which fewer than 1 percent are complaints about our services in local offices, down from about 10 percent of the calls 1 year ago. Approximately 15 percent are "cold calls" from veterans who received a copy of the Veterans Bill of Rights for Employment Services from one of the veterans' service organizations or some other source. The rest are veterans who have a difficult problem or are just not sure how to get to the right person who can help them with their particular problem. A complete record is maintained on the services provided to each veteran, and each receives a personal follow-up letter.

It is our belief in New York, as stated by Governor Cuomo, when he announced the implementation of phase 1 of the Veterans' Bill of Rights For Employment Services that the ability to obtain and sustain meaningful employment is at the nexus of the readjustment process. What this means is that our task is to help those veterans with problems stemming from military service to solve or to ameliorate those problems to such an extent that they can succeed at a meaningful job at a living wage.

The sheer absence of meaningful work at a decent living wage exacerbates any psychological or physiological problem a veteran may have. The reason for this is simple. Having a job and being able to support yourself and your family is central to one's sense of self worth in our society, and that is the central task that confronts those of us who are trying to assist veterans with their employment needs. Once a person believes they are worthy, there is a great deal that can be done to assist that person. If they don't believe they are worth much, all of the programmatic responses in the world will not work. That is why Governor Cuomo and Commissioner of Labor Tom Hartnett insisted that number one of the Veterans' Bill of Rights be the right to be treated with courtesy and respect at all New York State Department of Labor facilities.

The New York State Department of Labor has made a conscientious and dramatic shift toward increased cooperation with other State, Federal, and local entities that has already resulted in customer-centered services. The New York State Department of Labor is in the process of combining all of our local job service offices with our Unemployment Insurance Offices. We are cross-training all staff to do both functions as well as other duties of the New York State Department of Labor, such as fair labor standards. In addition, we are inviting other community services to co-locate with us, such as the State Division of Veterans' Affairs and Office of Vocational Rehabilitation.

The Veterans' Resource Program aspects of the Community Service Center concept is taking the form of cross-training of veterans' resource staff in all functions of the Department of Labor, including unemployment insurance and the Job Training Partnership Act, and in other ways such as case management training that will be given to all veterans' resource staff, employment counselor staff, and most managers during late May and June.

As the number one of the Veterans' Bill of Rights for Employment Services, Governor Cuomo has decreed that veterans have the right to priority in referral to training. To ensure that this right really means something in the lives of the individual veterans, Governor Cuomo declared veterans, particular Vietnam veterans, disabled veterans, and minority veterans as a special emphasis group for the Job Training Partnership Act. By exercising his prerogative in the law, Governor Cuomo did this in the Governor's

Special Services and Coordination Plan currently in effect in New York State.

In addition, for purposes of the Economically Dislocated Worker Adjustment Assistance Act, the Governor has expanded this to include all veterans, particularly combat theatre veterans of any generation. This means that each of the 32 Job Partnership Training Act service delivery area entities in New York must (a) appoint a veterans' representative to the Private Industry Council from a pool of candidate nominated by the veterans' service organizations, (b) specifically build into their annual plan how they intend to address the special needs of veterans in their annual plan, and (c) examine and modify all of their programs under applicable titles to ensure that these special needs are actually being met.

To assist the Job Training personnel, we have provided initial training to representatives of each of the Job Training entities in the special needs of veterans and currently have a Veterans' Assistance Team that is engaged in a four-part process with each of those 32 SDA's: An initial presentation to all members of the Private Industry Council; full training of all New York Labor staff in JTPA generally and the programs offered in their areas; specific training for all job training staff and the staff of their subgrantees who actually work with veterans to help them recognize and properly assess those special needs as well as what to do to best address those needs in their area—we are involving the U.S. Department of Veterans Affairs, service organizations, and others in this training—and a 1-day training session specifically targeted to the needs of the SDA to help them better meet the needs of the veterans.

We are working closely with Governor Cuomo's Job Training Partnership Council in this effort to enhance the effectiveness of delivery of training opportunities delivered to veterans. We suggest that we are not just after increasing the sheer numbers of veterans participating, although that is a consequence of these actions; Commissioner Hartnett has directed us to ensure that the special needs of veterans are truly being properly addressed and that we ask the same questions we ask in examining what we are doing in our own New York Labor facilities—to wit: What does the customer want and need? Are we delivering those services that a customer wants? Are we actually making a positive difference in people's lives?

We are also developing the New York Veterans' Resource Guide for Employment and Training Services. The guide helps lead the staff through how to properly recognize special problems of veterans.

Mr. **Evans**. Mr. De Hoog, you have quite a lengthy statement. I wonder if you could please summarize. I know I haven't asked anybody else to do so at this point, but we are running a little long. If you could complete your statement in just a few more minutes?

Mr. **De Hoog**. I am rather cut short on this because I didn't write the statement.

Mr. **Evans**. I understand.

Mr. **De Hoog**. So I will have to glance very rapidly. If you can bear with me, I'll be only too happy to see what is the best I can come up with.

Mr. **Evans**. I would appreciate it. We will submit your entire statement for the record. I know you have several other pages. I don't mean to rush you, but the problem is that we are going to be running out of time before we go into session about noon.

Mr. DE HOOG. Okay.

The task force includes members. We've established task forces which will give us a more on-hands type of planning our operation. We are working with the physically handicapped, readjustment problems, homeless, incarcerated, and the SST veterans (older veterans). Because our Vietnam veterans are getting into the age now where we have to give them the concern of our older workers.

We established a veterans' testing and counseling center at 54th Street which will give testing to all of the veterans that come in there. It is like transition programs we are trying to establish with the various discharge facilities throughout the country where we would provide the veterans coming out with full information on exactly what they can possibly expect to do, what type of training we would recommend for them, and what type of job services they would be able to obtain.

Disabled veterans are always foremost with us. We have established a task force for the physically disabled. The task force has recommended a job coach position to work with the disabled. The coaches would be trained to give hands on assistance to handicapped veterans to work on an operation. We work with vocational rehabilitation agencies. The task force has recommended case managers keep a running record on the development and the progress of the individual disabled veteran who has been placed in our charge for this particular purpose. This gives us a little more meaningful relationship.

We are also talking about money here, but everybody talks about money these days. One can only deliver quality service to veterans in the context of delivering quality services to all people. Hence, Wagner/Peyser funding levels for the entire job service; it is critical that we are able to have the support structure necessary for DVOP's and LVER's to be fully effective. It is our belief that a funding level of $850 to $950 million in 1989 dollars would be a lean but realistic funding level for Wagner/Peyser.

[The prepared statement of Mr. De Hoog appears on p. 144.]

Mr. EVANS. Thank you very much.

Mr. Pittman.

STATEMENT OF WILLIAM E. PITTMAN

Mr. PITTMAN. Thank you, Mr. Chairman.

Mr. Chairman, before I start, I noticed some typographical errors in the statement. Would it be permissible to submit a corrected copy?

Mr. EVANS. Without objection, it is so ordered.

Mr. PITTMAN. Thank you, Mr. Chairman.

My name is Bill Pittman. I live in Arlington, Va., and it is a pleasure to be here today and participate in this effort to identify those issues and concerns which impact on Vietnam veterans and specifically disabled Vietnam veterans seeking economic self-sufficiency.

Mr. Chairman, I am a disabled veteran as a result of injuries sustained in combat in 1967 as a naval medical corpsman with infantry units of the First Marine Division in Vietnam. I am employed by the U.S. Department of Health and Human Services and work as a program specialist with the Administration on Developmental Disabilities.

Presently, I am on detail assignment with the President's Committee on Employment of People with Disabilities where I work as a program manager for the Committee on Disabled Veterans. Counting my military service and work at the local and Federal Governmental levels, I have over 19 years of public service at various levels of responsibility.

Mr. Chairman, I am a high school dropout; I completed tenth grade. I am also a graduate of Boston College with bachelor's and master's degrees in sociology and American studies. I am also a graduate of Cambridge College with a master of education in administration and management.

Mr. Chairman, the reason I told you something about myself is to point out two of the several problems I see in our Federal civil service system. First, it is unusual to find former enlisted men and women who served in combat and/or in combat support roles in the Federal civil service system at the middle management level or higher. To the best of my knowledge, I am the only combat-disabled Vietnam veteran employed by the U.S. Department of Health and Human Services. In fact, I noticed in the Federal Times that came out this week a GAO survey that was reviewed by the Congress last week, and the U.S. Department of Health and Human Services had .03 percent of their total work force as being 30 percent disabled veterans or more. I am currently under consideration for employment at the President's Committee. I think if I leave Health and Human Services that percent will drop to zero.

Secondly, to the best of my knowledge, and with the exception of certain staff within the Veterans' Administration, I am one of the highest ranking GS grade disabled veterans employed by the Federal Government in Washington. Currently, I am a GS-13.

I understand this may seem rather startling to you, but I believe that if your staff checked with the Office of Personnel Management you would be surprised at the results of their response. The facts are that the Federal Government's employment record for hiring and advancing disabled Vietnam veterans is poor, and this has impact on the manner in which the laws you design and pass to serve veterans, especially disabled Vietnam veterans, are being implemented.

You know, Vietnam veterans are not looking for a free ride. I think every man and woman in this room who is a veteran, or a family member, or a friend of a veteran knows that. But the basic problem is that while veterans served in the military and in combat, others did not serve, they went to school, they made contacts, they gained valuable working experience and personal experience on how to maneuver within the system, especially the Federal civil service system.

Now Vietnam veterans, especially disabled veterans, are beginning to understand how the system of Federal programs, such as the Small Business Administration's programs of veterans' loans, is being administered, by individuals who may not fully understand the cultural and economic situations in which the Vietnam veteran exists.

What I am saying, Mr. Chairman, is that the problem is much more than an inability of Vietnam veterans to secure those Federal programmatic benefits and services to which they are entitled. It is also the inability for those Federal administrators to communicate in a manner that can be understood by veterans. There still lacks a great deal of empathy.

I believe that these dual problems can be resolved by the direct recruitment of qualified Vietnam veterans into middle management and executive level civil service positions and the consolidation of the communications and monitoring efforts related to services to veterans under a consortium of legislative and advocacy group officials whose purpose would be to document as well as ensure that the social and economic programs for veterans are delivered in a manner intended and prescribed by Congress.

Thank you, Mr. Chairman, for giving me this opportunity to speak.

[The prepared statement of Mr. Pittman appears on p. 152.]

Mr. EVANS. Thank you, Mr. Pittman.

Mr. Ross.

STATEMENT OF JAMES ROSS

Mr. Ross. Thank you, Mr. Chairman.

As you stated in the beginning of these proceedings, I am one of those who has never testified, and I have learned many things in observing those who have already testified before me. One of those things, at least as I sat there observing, is that if I ever wish to lose weight, to participate in these types of proceedings more often. I am sweating quite profusely from my palms, so I feel hopeful after today I will have lost at least a couple of pounds.

Over the last 12 and one-half years, I have been involved in the provision of or planning in the provision of human services to various segments of our population—the aging, the homeless, and so on. Over the last 4 years, it has been primarily focused on veterans within the State of West Virginia, and in the last 2 and one-half years I have been working with veterans to assist them in developing their own businesses. The reason for that is that in West Virginia, as I am sure you all know, our economic condition is extremely severe. We need innovative approaches to dealing with economic development within our State and primarily within the area of helping veterans find available job opportunities or, in our case, to actually create that job instead of taking a job.

So under that theme we looked at some of the aspects of veterans getting into business and why such a high failure rate in small businesses. Of course, there are many reasons for that, but we were able to find and isolate two primary reasons, one, of course, logically, lack of capital. But the other one, we believe, in our efforts to combine work between the public sector and private sector representatives of the veterans' organizations, is the ability of that veteran to effectively manage that business is probably even more important than their ability to have the resources financially to start that business. If they cannot effectively manage that business, regardless of how much financial resources they have at this end, eventually those resources will dwindle out and that business will go under.

In an effort to deal with that particular problem, in West Virginia we developed what is called the Veterans' Entrepreneurship Training Program, and it serves two primary purposes, as we see it. First of all, it is to persuade some veterans not to go into business. We have many veterans out there who have that dream of owning their own business and becoming a very successful business person but, in essence, do not have those basic fundamental skills required or even perhaps the ability to deal with some of the intricacies and technicalities of owning your own business.

So within our project we have been able, we believe to successfully persuade some vets not to go into business, thus saving what resources they have been able to accumulate over a number of years as well as perhaps prevent some undue hardships for their families.

The other aspect is to enable those veterans who are seriously interested in going into business to develop those management skills. We did that recently with that vet project, or what I call now the vet project, and I will go over the last 18 months; in 18 months there has been the creation of 5 new businesses. I am pleased to say that we now have 10 new businesses. The veterans that have gone through the project have started 10 new businesses, in turn, which have created 14 additional jobs within the State of West Virginia.

Other aspects that are available in West Virginia and which we coordinately closely with is the small business development center system, which has the potential to be an extremely viable form of technical assistance for veterans, and so on.

In the area of financing, we have been able to work with a tremendous number of resources that supposedly exist out there—for example, the Small Business Administration, in a veterans' direct loan program, as well as our guaranteed loan program. I can tell you now, Mr. Chairman, that only one of the individuals that we work with has been able to go through that very complex process of submitting a loan application to the SBA and did, in turn, receive a guaranteed loan only after he was able to put up everything he owned as collateral against that loan for what loan he wanted in addition to additional financing.

In this capacity as coordinator for this project, I have worked with several bank loan officers to try and get them to say, "Hey, let's take a risk with these vets. We have exposed them to this training. We helped them to put together a business plan, conduct the market feasibility research," and we are talking about guaranteed SBA loans. Their aspect is, primarily, "Why should we even deal with SBA loans?" or loans under the amount of $25,000 or $100,000 primarily because what they found is, it costs them as much to do a $25,000 loan as it does to do a $100,000 loan. So, in essence, for a $25,000 loan they feel they would be losing money. The majority of individuals we work with, they need that level. Their average needs as far as financial start-up capital is in between $15,000 and $25,000.

Other aspects—venture capital companies, they are, in essence, not interested in investing in any business under $100,000, and they also require that they would like to have a certain percentage of the business, and in many instances they want controlling interest in that business.

The Department of Veterans Affairs, through the vocational rehabilitation program, I think, has the potential for successful projects in their self-employment model. Our concern is, that is not operated programmatically very consistently.

Banks don't want to take their risk in a group, as I have already stated, and, of course, trying to deal with solutions to that issue, there is no one real solution. We cannot eliminate that risk of veterans going into business, but what we can do is reduce that risk by preparing them adequately prior to going into business.

We can expand the entrepreneurship type training concept either through SBA or other more appropriate entities, provide incentives for self-help initiatives, such as what we are trying to accomplish in West Virginia through programs or projects such as the Veterans' Business Network, the Veterans' Business Foundation, and so on, refocus SBA back to true loans to small businesses. The common feedback we get from banks is, if you can get a loan from SBA, you ought to be able to get it from a bank. That is a common knowledge in the veterans' community, at least the veterans I work with.

We need to increase the programmatic consistency of the Department of Veterans Affairs' vocational rehab. self-employment component with greater financial assistance; we can simplify the SBA loan application processes, provide incentives for resource coordination through such entities as the Veterans' Business Resource Council concept; and we can assure equity in the SBA's 8(a) program.

Red light; I quit. Thank you.

[The prepared statement of Mr. Ross appears on p. 155.]

Mr. EVANS. Thank you.

Mr. Pittman, these statistics are pretty startling. Do you attribute it to lack of active recruitment on the part of the Federal Government for those middle manager positions?

Mr. PITTMAN. Incentives? Recruitment?

Mr. EVANS. The 5 and 10 points is what I am driving at. Has that failed completely at the lower end of the scale so that these people haven't moved up through the middle management positions?

I have dealt primarily with problems at the Rock Island Army Arsenal in my district with entry-level kinds of positions, problems of disabled and other veterans trying to get in on those positions. Is it a problem that we have never had the veterans go through that kind of entry-level process and percolate up, or is it a problem that there is still hesitancy in parts of the Federal Government to hiring Vietnam veterans or disabled veterans specifically for middle management positions?

Mr. PITTMAN. There are a couple of things. I think number one, as I see as it as a Federal employee throughout the gamut of my career, there is a substantial amount of animosity against veterans, Vietnam veterans in particular since they are the newest kids on the block, and usually if they are in middle management positions it is very low graded. Like I said, it is unusual to find them as career employees in the higher levels with the exception possibly of the Veterans' Administration.

If I can just tell you how I got into the Federal service in Boston. I was a CETA participant, and, incidentally, I did go through Veterans' vocational rehabilitation services, and they told me to go see the job service counselor at the VA regional office. I went in, and he wasn't there and never showed up and wasn't around for a few weeks, so finally I had to take it on my own to find out how to get a job.

When I contacted the Federal civil service, they said, "Well, we'll send you these three little IBM cards and this sheet of coded numbers, and you fill out the number of the job you want and send it back in, and if those three jobs come up, then we'll call you for an interview."

Well, I got this sheet and looked at the three little IBM cards and said, "Now, wait a minute. What if I send in 100 IBM cards?" "Well, you are only allowed to send in three." So I called up about 10 times and got about 100 cards and filled them out and sent them in, and, sure enough, one popped up. That is how I got interviewed for a job, because I didn't exactly follow the system that they wanted me to follow.

As far as what you are seeing with the recruitment of Vietnam veterans into the Federal employment service at the middle management level—that is, the program specialists, the program managers, the people who other veterans might come in contact with or other program administrators and supervisors might be forced to interact with to learn about a person that is not just what is portrayed on the television or in the media, that he is just a regular guy or woman trying to survive.

From my understanding, a majority of the men who served in combat in Vietnam, only about 17 percent of them graduated from high school. If you take a look at the racial and ethnic composition of those numbers of men who served in combat, you will see that they are primarily black and Hispanic, and there are white there too.

But all that put together and what the society is like back here as far as the whole recruitment effort, it is very, very difficult for a black or Hispanic high school dropout to work his way through the system as it exists now to deal with all the nuances to get into Federal employment.

I think the reason I have advanced as well as I have is because I am a white male who came from a lower middle income or middle income family; I knew the system; I knew how to push the buttons; I knew what to say; I knew when to be quiet; I knew how to dress. I didn't mean to go on like that.

Mr. **Edwards**. You know, Ron Armstead said the same thing essentially in terms of the Federal Government, the VA, and other agencies. If we, as the Federal Government, are not hiring blacks, Hispanics, and disabled people, I don't know how we can require the business community to do so. We are supposed to set some kind of example, it would seem to me, if we are going to then require it out of the Federal contractors, for example.

We appreciate your testimony, and we are going to look into those statistics from OPM, as you suggested.

How many people here in Washington work for your Department, do you think?

Mr. PITTMAN. According to the Federal Times which reported this GAO survey, there are 123,000.

Mr. EVANS. In the D.C. area?

Mr. PITTMAN. In the D.C. area, right.

Mr. EVANS. So you are the only one, as far as you know?

Mr. PITTMAN. To the best of my knowledge, I am the only disabled Vietnam combat veteran employed by the Department who had enlisted service. You may find some who were physicians perhaps or medical technicians, but I doubt it.

Mr. EVANS. Thank you very much. Thank you for your persistence.

Mr. Ross, just one quick question. Economic development programs in my State have focused on big projects that employ a lot of people and put a lot of people to work quickly. We haven't, at least in Illinois, experienced much of trying to help smaller projects of maybe two or three employees, gas stations and so forth, that you have talked about. Is this a direction we should be looking at in terms of conditioning some Federal dollars to really small, small business? The definition of small business incorporates some rather large businesses compared to the smaller "mom and pop" kinds of operations.

Mr. ROSS. As a matter of fact, in West Virginia whenever we ask SBA—we do about 19 workshops a year throughout the State which so far in the last couple of years have involved about 1,300 veterans. The common joke is: "Well, how do you define small business? Well, a million dollars in sales, et cetera."

In West Virginia, especially in the rural parts of the State, there are, in essence, no real jobs. A lot of the veterans in those areas have tremendous skills. Even some of them have some resources. For example, in the southern part of West Virginia, in a rural town called Enoya, we were able to help a veteran who was on public assistance and his family who had skills in the area of auto body shop. We taught him how to manage that business, helped him set his books up, set up his system, or his business, on paper, and then continued to provide him with consultation services. He is now off public assistance, and the last time I spoke to him about a month ago, he had $12,000 with the work sitting on his front lawn. He is extremely proud that he is off public assistance and now back doing his own thing, so to speak.

So I would agree; yes, sir.

Mr. EVANS. It also seems like a phenomenon, you have to have money to borrow money.

Mr. ROSS. Unfortunately, it seems to us the trend in SBA is getting away from loan programs and more into training and technical assistance, which isn't bad, I mean that is needed as well as far as preventive and the ongoing maintenance aspect, but in order to get into business it takes money to make money, and unfortunately a lot of the individuals we work with are laid off—coal miners or veterans who have lost their work due to structural changes in the economic base in our State—and there is no real assistance out there for them.

Mr. EVANS. Well, we thank you, panel, very much.

Mr. ROSS. Thank you for the opportunity.

Mr. EVANS. Thank you.

Congressman Joe Kennedy has just joined us, and we appreciate his advocacy for Vietnam veterans and would recognize him if he has any statement to make.

Mr. KENNEDY. I have no statement at this time, Mr. Chairman.

Our sixth panel is comprised of John Flinn, Wayne Smith, and Paul Egan.

John Flinn served in the Army from March, 1968 to December, 1969 and was stationed in Vietnam in the I Corps area in 1969. He received the Purple Heart and the Veteran's Service Medal with three bronze service stars. He has been office manager of Chapter 16 of the Vietnam Veterans of America since December, 1987, and since April of 1988 he has served as chairman of the Readjustment Service Committee.

Wayne Smith served in the Army from November, 1968 to December, 1971 in the Medical Corps. He had an 18-month tour in Vietnam from May 1969 to November, 1970 as a combat medic. He has worked with the Vietnam veterans since 1976 and has been with the VVA since January, 1987.

Paul Egan served in the Army from 1968 through 1971 in the Medical Corps. He has been working with veterans' issues since 1979 and has been with VVA since September 1987.

It just occurs to me, we have a large number of Medical Corps people and medics here today. So we welcome you as a continuation of that pattern.

Mr. Flinn, we will start with you.

STATEMENTS OF JOHN FLINN, CENTRAL OHIO CHAPTER 16, VIETNAM VETERANS OF AMERICA; WAYNE F. SMITH, NATIONAL MEMBERSHIP DIRECTOR; AND PAUL S. EGAN, LEGISLATIVE DIRECTOR, VIETNAM VETERANS OF AMERICA

STATEMENT OF JOHN FLINN

Mr. FLINN. Thank you.

Members of the Veterans' Affairs Subcommittee on Oversight and Investigations, I appreciate this opportunity to present my views on incarcerated veterans. I am a decorated Vietnam veteran who has been incarcerated. I am the organizer of the first Incarcerated Chapter of the Vietnam Veterans of America in Ohio and a life member of Vietnam Veterans of America.

Gentlemen, the situation of the incarcerated veteran is dismal at best, especially in the case of the Vietnam veteran. We are veterans who fought an unpopular war, returned home to a hostile society, who became tagged as out-of-control killers of innocent men, women, and children in the name of democracy, and found no solace for our problems of readjustment.

Our interaction with the Veterans' Administration, which is mandated to treat our physical and psychological wounds, left us further demoralized. Our interaction with the economic system left us unemployed, under-employed, completely discouraged. We watched as those who burned draft cards and fled to Canada received amnesty. We watched as the Iran hostages received a hero's welcome. All the time, we degenerated further and lost whatever faith we had in self, our country, and society.

As the problems of readjustment peaked, we found out that our country had further victimized us with Agent Orange. We found ourselves experiencing feelings of detachment, emotional numbness, guilt, anger, powerlessness, and low self-esteem. These causative factors delivered 20 percent of all Vietnam veterans to the gateway of the criminal justice system. A recent study indicates 29,000 Vietnam veterans reside in State and Federal prisons, 37,500 have been paroled, 250,000 remain under probationary supervision, and 87,000 are awaiting trial.

Inadequate attention to the problems of Vietnam veterans at the onset brings us here now. The Armed Forces did not debrief or counsel veterans, the Veterans' Administration did not address readjustment problems and were slow to recognize post-traumatic stress disorder, and Congress was slow to act on behalf of the men it sent to war. Now some of these Vietnam veterans, far too many, are incarcerated.

The daily stressors of prison living aggravate the readjustment problems and PTSD problems for the veteran. As we all know, penal systems in the United States are overcrowded, geared to a punishment modality, and usually unprepared to handle the problems of veterans. There are literally thousands of veterans who need the services of the Veterans' Administration.

Professionals in the fields of readjustment counseling, PTSD counseling, employment counseling, and interpersonal counseling are needed to treat those veterans while they are still incarcerated. For as much as law and order advocates want more prisons, it is usually not discussed that most prisoners will return to society.

These forgotten veterans did not find a way to adjust to the transition from Vietnam to American society. They have become isolated from society for their transgressions against society. They have been warehoused, but the problems associated with their service have grown. These people have been subjected to double trauma. We are at risk to lose these veterans to a never ending cycle of alienation from mainstream society.

Active counseling is needed now to break this cycle and create pathways for these veterans to reclaim their proper stature in life. The outreach capacity of the Veterans' Administration could and should, and indeed must, provide adequately trained personnel on a regularly scheduled basis to provide medical care, PTSD counseling, job service placement, and appropriate referrals to agencies that can assist and support the veteran on a long-term basis. Along with the above, service officers are needed to correct the records of veterans, file claims for disability, provide discharge upgrades, and help the veteran to research his records for exposure to toxic chemicals.

The role of the Veterans' Administration to the incarcerated veteran has been one of indifference and apathy that flagrantly ignores its Congressional mandate to administer the programs and provide the services that are needed by our Nation's veterans and their dependents.

In conclusion, I hope that I have opened the window on the plight of the doubly traumatized incarcerated veteran and that you will give thought to the suggestions I have made so pathways are forged to break the cycle of social isolation.

Thank you.

[The prepared statement of Mr. Flinn appears on p. 166.]

Mr. EVANS. Thank you, Mr. Flinn. We appreciate it.

Before we go to you, Mr. Smith, I would like to introduce Senator John Kerry, who is a distinguished combat veteran of the Navy, winning many medals for his service in Vietnam. He is also a distinguished member of the Vietnam Era Veterans in Congress, serving as the Senate co-chair of our caucus.

I appreciate, John, your continued efforts. I find myself pretty busy with all these efforts on the House side in the last few years, particularly on judicial review, but for you and Senator Daschle to have come to so many meetings on the House side with so many of our House leaders really was above and beyond the call of duty. We appreciate not only your advocacy, but your fervent support for Vietnam veterans and want to recognize you at this time for your remarks.

STATEMENT OF HON. JOHN KERRY, A U.S. SENATOR FROM THE STATE OF MASSACHUSETTS

Senator KERRY. Thank you very much, Mr. Chairman. I appreciate that, and I apologize to my colleagues in this effort for intruding, and I appreciate your indulgence. You have a vote that is just about to take place.

Mr. Chairman, let me just comment that there really isn't anything that is above and beyond the call of duty with respect to many of these issues, at least for those of us who served, and I want to thank you for your extraordinary leadership over the course of our efforts. You have really been sometimes very solitary out there, alone, on a limb, carrying this cause, and these hearings are just one more extension of that. We do appreciate it, and I know all veterans appreciate it very, very much.

I would like to just submit my testimony, if I can, for the record, and summarize quickly.

Mr. EVANS. Without objection.

Senator KERRY. Needless to say, I basically wanted to focus on the Agent Orange issue and the efforts to try to move forward on that, but I would like to just comment generally if I can. I think last year was a positive year for Vietnam veterans because we saw the recognition of veterans elevated nationally by virtue of the inclusion in Cabinet status, and that has been long overdue, and I think that helps to say to veterans all over the country that there is progress of a kind.

We also saw the Judicial Review Court of Appeals process created, which I cosponsored and worked for and I think is an important step forward. Although it was not as much as some wanted, it is clearly the opening of a window of accountability and scrutiny which is so important to the process, and I am happy to have that happen.

But as you review the issues you have here this morning, it is obvious that there is an enormous unfinished agenda, and in a country which reveres service as much as we do and pays as much lip service to the notion of service to the country, it remains particularly frustrating to me as a veteran and as a public official to watch and see the degree to which there is a gap between the rhetoric and the reality which divide it, and that has got to stop. If we are going to send a future generations about those values, you have to make real the promises.

We face an incipient crisis in the health care delivery system in this country at a time when there are more growing elder veterans than at any time in the history of this country, a convergence, if you will, of veterans of World War II, Korea, and Vietnam, all needing more medical services, with doctor shortages in our hospitals. I know the House is struggling with an appropriation supplemental right now, but the fact is, if you look at a place like Massachusetts, there are 200 beds cut in Bedford right now in terms of service, some 41 different programs restricted, nurse and doctor shortages, and so forth. That is not fulfilling the promise, no matter how you put it.

Then you step away from the medical delivery system, and you have got maybe 3 million homeless veterans in the United States of America. Congressman Kennedy has been one of the leaders nationally on the issue of homelessness. He has done a tremendous job drawing attention to it and helping to get things done about it. But this is unconscionable that in this country veterans of a war are wandering around capable of fulfilling the same promise as we fulfilled in the wake of World War II with the GI bill, housing, and so forth.

In addition to that, there are obviously other questions, the PTSD issue, the Triangle study from North Carolina which points out the problems there, only 16 or 18 centers in the Nation within the VA itself, which demonstrates, I think, the problem in terms of the VA's acceptance of this issue as a legitimate problem and one they ought to pay attention to, and we have faced, as you know, continued onslaughts against things like the Outreach Program. We had to go to court to save what is the most beneficial and working programs in the country. Then finally, there is this continued problem of Agent Orange.

We passed it in the Senate last year. This committee, tragically, really didn't come to grips with it. Senator Daschle and I and others who have worked in this effort are not asking to open Pandora's box of benefits for veterans. We are not even granting an automatic compensation process with respect to two small classes of disease, non-Hodgkins lymphoma and soft tissue sarcoma. All we are doing is saying switch the presumption, change the relationship between the VA and the veteran, which should not be a contentious, combative, adversary relationship but, rather, ought to be a presumption oriented in favor of the veteran, open-armed, welcoming type of relationship, and it hasn't been, and that is ridiculous.

So what we are saying is shift the presumption. Instead of the veteran having the burden of proof, which is totally contrary to the notion that this agency is supposedly its advocate. The agency and the Government ought to have the burden of proof of showing that there isn't a linkage between the service-connected disability claim and the veteran's service.

The critical thing, I think, is to recognize this as not just sort of a medical solution but it is partly a political solution, and it is an important element of that relationship in terms of fulfilling those promises and so forth with respect to that relationship with veterans.

Now I happen to believe that the evidence is there that shows that there is a linkage between veterans' service and those two diseases, so you can make the argument that at least on those two diseases you ought to open it up based on the merits of that.

Now let me just cite very quickly the 1986 study by the National Cancer Institute of farmers in Kansas who had been exposed to 2–4–D, which is a primary ingredient of Agent Orange, and it found that those people exposed suffered non-Hodgkins lymphoma at a rate six times higher than normal.

A 1987 study released very reluctantly, as you recall, Mr. Chairman, by the Veterans' Administration—they didn't want to share this information, and we dragged it out of them, and it showed that Marines who had served in I Corps in the North, which was heavily sprayed with Agent Orange, died from non-Hodgkins lymphoma at a rate 110 percent higher than normal.

In March, 1988, a study released by the Air Force showed that the Ranch Hand troops who were directly involved in the spraying of Agent Orange had statistically higher incidences of five different conditions linked to exposure to dioxin, including neoplasia, which are tumors, birth defects, psychological changes, liver damage, and cardiovascular damage.

A study released this year by epidemiologists Steven and Jeanne Stellman found that half of the 35 combat battalions that they examined were in areas near Saigon soon or after the spraying, where a great deal of it took place in 1967 and 1968, and they believed that the evidence was so strong that veterans ought to be contacted, checked for health effects, and warned of possible future problems.

The evidence keeps mounting. Elmo Zumwalt, Jr., died last year of complications convinced that he died of the exposure to Agent Orange. He used to wash in the water, eat the food, and so forth. He broke out in skin rashes right then and there, and he said, "I can't prove in a court statistically beyond a reasonable doubt," but the test of the VA is not "beyond a reasonable doubt," and certainly the test as to whether the presumption ought to be changed has nothing to do with reasonable doubt, it has to do with that appropriate relationship between those who served their country and the institutions that are set up to help and serve those who served their country.

I just think it is that simple, and if you look at the total numbers of people who might be compensated as a consequence of opening up this compensation, you are talking a few hundreds, a few hundreds of people, and for that differential this Government is unwilling to say to all veterans in a sort of universal message, "Hey, the presumption is in your favor. You serve your country, you go over there, and you start getting sick; the presumption is going to be that you can come in and prove that it had something to do with your service connection." Now if they can't prove it, they are not going to get compensated, if they can't show they were there, they were in the area of spraying, that they actually served.

So there are plenty of checks for the U.S. Government. This is not opening Fort Knox. Even if you did, there isn't much there nowadays. But it is not opening Fort Knox, it is not somehow creating this new right for veterans. It is really an incremental, minimalist kind of transition, and I hope that the House this year will take it up. It is 14 years almost to the day since that war shut off, so to speak, and I think that that has got to be part of the process of ending all these issues.

Mr. Chairman, thank you very, very much.

[The prepared statement of Senator Kerry appears on p. 73.]

Mr. EVANS. Thank you, Senator. I know a vote is pending. We appreciate your advocacy. I hope that the Vietnam veterans don't have to wait as long as the atomic veterans did for the help that they need.

Senator KERRY. That is a good point. Incidentally, the atomic veterans—there is less evidence, in many cases, of certain of the diseases and we opened up the whole thing 40 years later.

Mr. EVANS. I look forward to working with you on this issue.

Senator KERRY. Thank you very much, Mr. Chairman. I appreciate it.

Mr. EVANS. Mr. Kennedy may have a question or a comment.

Mr. KENNEDY. The only comment is, obviously, I just think that Senator Kerry has done a tremendous job of standing up for the veterans. He is right in pointing out that on the House Veterans' Committee, there is a little different atmosphere and I think he has given strength to all of those who would like to stand up for veterans who have been exposed to Agent Orange.

Just like last year on the judicial review issue and other issues, we sometimes need a little backbone and John has provided that on the Senate side and has really provided leadership for those of us that want to stand up and do the right thing and I just appreciate his testimony.

I also think that the notion that he has put forward, of the stress between the Veterans' Administration and our Nation's veterans is something that I continue to marvel at. This is an institution that was set up to serve the veterans, but is so hell-bent on serving OMB and the President, rather than our Nation's veterans. This is a phenomenon that I will never get used to and will continue to try to fight.

I think all the issues that we seem to hit over on this side, you have touched on, John, and I think, again, you have just done a tremendous job and we all appreciate your leadership.

Senator KERRY. I appreciate that. Thank you. Thank you for your comments.

Mr. EVANS. Thank you, Senator.

Senator KERRY. Thanks a lot.

Mr. EVANS. Mr. Smith, I also have to ask you now to hold in abeyance because we have a recorded vote pending on the floor. We will be returning in about 10 or 15 minutes.

We will recess until that time.

[Recess.]

Mr. EVANS. We will reconvene and I apologize again to our witnesses. Mr. Smith, you have had to wait twice now, so please feel free to start your statement now.

STATEMENT OF WAYNE F. SMITH

Mr. SMITH. Thank you, Mr. Evans. It is a real pleasure to see you. Senator Kerry is a hard act to follow, so I am a bit intimidated, but nevertheless, Mr. Chairman, and members of the subcommittee, my name is Wayne Smith.

In addition to being the national director of membership for the Vietnam Veterans of America, I also share responsibility as the national liaison for incarcerated veterans.

Naturally, it is a pleasure to have the opportunity to present testimony today on this very important issue. The subject of incarcerated veterans may be one of the most unattended yet pressing matters of readjustment facing the veterans community today. This is most especially true, given the accumulation of data that has been developed on the subject of post-traumatic stress disorder.

We know now, for an example, that approximately 15 percent of all Vietnam theater veterans, or some 470,000 individuals are affected by PTSD, or some constellation of the syndrome. With this in mind, it must be included that incarcerated veterans, too, are experiencing the problems of PTSD.

Moreover, it is clearly appropriate for the Department of Veterans Affairs to adopt and implement a policy designed to meet this and other challenges that beset incarcerated veterans.

Before detailing the specifics of a sound policy on incarcerated veterans, it may be useful to establish our credibility as spokesmen on the subject. At present, we have over 30 VVA chapters that are located in State and Federal institutions across the country, consisting exclusively of incarcerated Vietnam era veterans. These members number nearly 3,000.

Those members of ours who are incarcerated are represented to our national organization through the leadership of our local, and State VVA organizations. After having said that, we hope to impress upon the subcommittee that our recommendations are not motivated by a view that the Nation should adopt a go-easy-on-the-criminal policy. Instead, we simply believe that many of the veterans confined to penal institutions could, in fact, benefit from readjustment counseling and a knowledge of what benefits are available upon release or parole from prison.

Similarly, there are steps that should be taken that afford a measure of fairness to the families of these veterans during the period of their incarceration, especially families of veterans who are service-disabled and eligible for receipt of disability compensation.

As already referenced, there is no good reason, given the prevalence of PTSD among Vietnam theater veterans, to believe that PTSD is limited only to nonincarcerated veterans. Indeed, there is some good reason to believe that the incidence of PTSD among incarcerated veterans is greater than that experienced by nonincarcerated veterans.

While the veterans, having been in prison for crimes that they have committed should be held accountable, the mental status that these individuals may have may have stemmed from their military experience and could very well have contributed to their criminal behavior, causing incarceration.

Without offering any opinion or recommendation as to whether this should be taken into consideration prior to sentencing or parole, it should be obvious that there is a role for psychological readjustment counseling in our nation's prisons.

The apparent unwillingness of the DVA to develop and implement a policy for incarcerated veterans in the past may be excused, but the failure to adopt such a policy now, especially given the growing body of knowledge about PTSD, is totally unacceptable.

If, as a Nation, we still harbor any desire to expect incarceration to serve as a method of rehabilitation, the DVA, as well as Federal, State and local prison facilities, should recognize that abatement of psychological readjustment problems, such as PTSD, can offer a better likelihood of preventing repeat offenses than would be the case without psychological counseling and treatment.

The same can most certainly be said that providing these veterans with an understanding of the benefits available to them upon discharge from a penal institution. We are aware that some outreach by the DVA, especially their Vet Center program, to prison facilities is happening, but when this takes place, it is more the exception rather than the rule.

Without a specifically required policy of outreach, this is unlikely to change. In our view, a policy must be developed that requires outreach by the DVA to penal institutions who are willing to accommodate readjustment counseling for incarcerated veterans.

For their part, prison institutions must be sensitized to the special problems of veterans so that psychological readjustment problems can be identified and treated.

Mr. EVANS. I delayed you so long, I would be hesitant to say that you had to finish with that red light.

Mr. SMITH. I have just a brief closing.

In summary, there are three principal components of a needed incarcerated veteran bill that should be developed. These include steps to be taken at the time of incarceration, during incarceration and immediately prior to release. As the veteran enters prison, relevant information should be gathered on the status of the individual as a veteran and any disability he or she may have that is service-related.

This information should be transferred to the DVA for purposes of notifying a spouse or immediate family member of a possible apportionment.

In concluding this statement, Mr. Chairman, you are to be commended for holding a hearing on this subject. No hearing on this matter of incarcerated veterans has been held since 1979. We look forward to going beyond the hearing process on this issue and we welcome the opportunity to work with you toward enactment of legislation carefully designed to make the long overdue improvements of the incarcerated veterans and the way they are treated by the agency operating this program, and the potential benefit of both nonincarcerated and incarcerated us alike.

[The prepared statement of Mr. Smith appears on p. 170.]

Mr. EVANS. Mr. Egan, do you have some comments?

Mr. EGAN. Yes, thank you, Mr. Chairman.

STATEMENT OF PAUL S. EGAN

Mr. EGAN. I would like to make just a couple of general comments following on what Wayne has said already, and those are largely in the area of the Vet Center program.

As you well know, we have been working pretty closely in conjunction with your staff, as well as that of Congressman George Brown of California, to try and develop an approach to the incarcerated veteran problem. Key to that approach has to be outreach on the PTSD issue, and that outreach has to come, for want of any other better place, from the Vet Center program.

Now, the Vet Center program seems as though it is in reasonably decent condition since the last time we had to fight the fight to keep it in existence and to prevent the VA from beginning to reel it into the VA Medical Center system.

But as positive as the signals have been from the new regime over at the Department of Veterans Affairs by contrast with what things were like with the old regime, we still have heard nothing, no commitment; we haven't heard anything as to the agency's commitment to the Vet Center program.

The absence of having heard anything on the program doesn't necessarily mean that there are some designs being planned for the program or for its destruction, but the absence is troubling because, in December, the RTI study came out that demonstrated pretty conclusively that 15 percent of Vietnam theater veterans, 470,000 individuals, either have PTSD or some constellation of PTSD symptoms. This is a serious problem. It is not only a service-related problem, it is a combat-related problem. It is the kind of problem that deserves a response.

Now, to take care of that problem, the Vet Center program has to be central. Not having heard anything about the agency's commitment to the program is a bit troubling. I would suggest that in the investigative capacity of this committee's function, that it might be worthwhile sending a letter over to the new Secretary and asking specifically what the Department has in mind.

I can say that there is at least some sign that is a bit foreboding emanating from the agency and that stems from the fact that the VA's Advisory Committee on the Readjustment of Vietnam Veterans unlike the 2-year extension in the past, has been given, in this instance, only a 1-year extended existence.

This is the Advisory Committee, much of whose time has been spent examining the Vet Center program and the problems that the Vet Center program addresses.

So without wishing to cast any aspersions upon the motivations of the new leadership over at the Department of Veterans Affairs, which, of course, as I said before, has been giving us some very positive signs by contrast with the previous regime, I think it is certainly in order to attempt to get some clarification. If we are going to get serious about addressing incarcerated veterans or just any veterans who have problems with psychological readjustment generally and PTSD in particular, the Vet Center program has to be secure.

Mr. EVANS. We will write to the new Secretary expressing that concern.

Mr. EGAN. Thank you very much.

Mr. EVANS. As you indicated, Congressman George Brown intends to introduce legislation today, entitled, "Incarcerated Veterans Rehabilitation and Readjustment Act of 1989," which would, among other things, direct the Department of Veterans Affairs and the Federal Bureau of Prisons to establish a policy and a program to assure the provision of services and benefits entitled by law to veterans upon entering, while in, and upon exiting Federal, State and local prison systems.

I will be co-sponsoring this legislation and wondered if you had a reaction to it at this time and if you have had a chance to see it.

Mr. EGAN. It is my understanding that the legislation is currently in the hands of the Office of the Legislative Counsel and so we are hoping to rely on your support and that of many of the other members of the committee to generate as broad-based co-sponsorship, both on and off this committee, as possible so that we can look forward with some optimism towards forward movement on it in this session of the Congress.

Mr. EVANS. The chairman of the full committee, Sonny Montgomery, opposed, on the floor, a provision in the drug bill that would deny veterans, who are repeat offenders of drug possession or drug sale, the benefit of veterans benefits after those subsequent convictions. Unfortunately, that was included in the drug bill. We think that may, in fact, result in an inability of those veterans to use existing community-based programs, that could help them once they were discharged from prisons.

Would you have any reaction to that kind of disincentive in terms of helping veterans? Any of the panel?

Mr. SMITH. I would say that, by and large, we have certainly found, with our chapters and the members of our organization, that most of them are viewed by the prison administration as very positive entities, that, in fact, in some cases, have been known to help quell riots and are very constructive, even within their communities. So, yes, I am sure that they would be concerned about the disincentive, but I think, on the other hand, most do not repeat the crimes.

Mr. EVANS. The problem is that you have someone who wants to work his way out of a drug problem, who may have had this unfortunate situation of at least two convictions and may not then be able to use the exact resources that exist in their community to help themselves, or they may not be able, after they have served their time, to use the GI bill and they may not be able to use the veterans hospital for an unrelated problem to their drug dependency. I don't know if you have seen this, I guess it is unfolding at this time, but I see it as a real problem and other Government benefits are not so restricted. That was the other kind of problem that we saw with that kind of legislation.

I know that the Vet Center can be the centerpiece of what we are trying to do in a locality. We are talking about more than just PTSD counseling; we are talking a whole array of services. I think that is what Congressman Brown's bill is oriented to do. Since we haven't held hearings since I have been here as a Member, I think we need to do a little further inquiry into this.

We do appreciate your testimony. This subcommittee will be in Galesburg, IL, my district, on this issue with a VVA-based organization in the State low-security prison there. We find, in trying to set that up, that it is hard to get people cleared to go into the prison. To actually conduct a formal hearing may be precluded by the security problems that you have in terms of clearances of people and the media and so forth.

We really appreciate what you are doing, working through all those channels just to get organizations going. Somehow, we have to be a little bit more open. We do have to provide security in prisons, but to allow outsiders to come in to help deal with some of these problems, I think we need a little more flexibility.

Is that a problem you have seen in working with incarcerated vets in your chapters?

Mr. Flinn. Being a formerly incarcerated veteran myself, I know that there is a very complicated situation when it comes to getting people in to assist veterans inside. The Vet Center did come out, but it took some prodding from us and it took a relationship with the administration to get them to let this person in.

We find that the general attitude of the prison officials about veterans, which is also the general attitude outside of prisons, is that once you are in prison, you are a no-good person, so therefore, why should they do anything to assist you while you are there.

This brings me to the point of a veteran being in prison after coming back from Vietnam and then he faces a situation where he is told once that he is a loser and now he is told again that he is a loser and that he doesn't even need to try for anything because he is always going to be a loser.

I think we must open the prisons up to a certain extent to get the proper personnel in there to care for the veteran, because if we don't, we lose these people to society. We are already on the road to losing them already.

It is only because of supportive services like the VVA has given me after being in prison almost 9 years that I have made it back this far and if it wasn't for them, I don't think I would have made it. I don't think a lot of veterans will make it unless we have support systems, and a lot of veterans look to the Veterans' Administration as their main support system because it is mandated by law.

They find that the Veterans' Administration does not respond appropriately, at least.

Mr. Evans. We have a situation where we have some Veterans' Centers trying to reach out at this time to the incarcerated vets in our localities. Their budgets are stretched and their personnel are stretched, but they probably also have insensitivity in certain localities to even this being a problem, I would assume.

Is that basically what you have found?

Mr. Smith. That is the case, yes. In fact, in the State of Pennsylvania, the Department of Corrections settled an out-of-court lawsuit and has agreed to work with the Vet Center to train their staff. They have actually a treatment program to walk Vietnam veterans through the issues of readjustment and they do it very well.

They would be most anxious and have expressed an interest in presenting some of their findings and a summary of what they do to this committee. Moreover, the fact remains that, in many of the prisons, wardens and other staff personnel are, in fact, Vietnam veterans, and so there has been occasion where they have been very helpful in terms of trying to get veterans recognition and appropriate treatment. It is a mixed bag.

Mr. EVANS. It is good that veterans are helping veterans. It is also part of the Federal responsibility to help veterans, so we appreciate what you all are doing.

Mr. SMITH. We thank you as well.

Mr. EVANS. Thank you very much for your time.

Our final panel is comprised of Dr. Edwin Richardson; Mr. Luis Falcon; and Mr. Miguel Lacourt. If they could come forward, at this time I would like to explain that a good friend of mine, Harold Bryant, who we had thought would be participating to air some of the concerns of African-American veterans, was not able to be with us. We will be soliciting his statement for the record.

[The prepared statement of Mr. Bryant appears on p. 194.]

Mr. EVANS. Dr. Richardson served in the Army Infantry from 1942 and was wounded several times. From 1951 through 1953, he served as a commanding officer of a psychiatric detachment during the Korean Conflict. From 1961 to 1966, he was a member of the U.S. Army Special Forces at Fort Bragg, NC, and was Director of the Green Beret School. Dr. Richardson is president of the Kiyan Indian Consultants.

Luis Falcon served in the Army from 1968 through 1970 and in Vietnam from March, 1969, to March, 1970. He is a member of Chapter 59 of the Vietnam Veterans of America and has worked with veterans for over 20 years.

Miguel Lacourt is the chief of staff to the Speaker of the House of Representatives of the Commonwealth of Puerto Rico. Is he going to join you?

Mr. FALCON. No, sir. He had to take a plane to Puerto Rico because he got a call.

Mr. EVANS. I met with him yesterday in my office during the Speaker's conference. Our subcommittee has been to Puerto Rico in the past concerning some of the problems and we gladly look forward to hearing from you.

Luis, do you want to start?

STATEMENTS OF EDWIN S. RICHARDSON, PRESIDENT, KIYAN INDIAN CONSULTANTS, INC.; AND LUIS FALCON, MEMBER OF CHAPTER 59, VIETNAM VETERANS OF AMERICA, ON BEHALF OF JOSE R. JARABO, SPEAKER OF THE HOUSE OF REPRESENTATIVES, COMMONWEALTH OF PUERTO RICO

STATEMENT OF LUIS FALCON

Mr. FALCON. Mr. Chairman, members of the committee, it is no secret that Puerto Ricans have served in the Armed Forces of the United States and they have taken part in both World Wars, the Korean Conflict, and Vietnam. However, I sometimes wonder if our fellow Americans are aware of the extent of our participation in these conflicts and of the human toll that our participation has entailed for our island society.

I come to testify in the name of all the veterans from Puerto Rico, especially for my brother, a Vietnam veteran, and his family because our family has a casualty of the Vietnam war.

We have been discriminated against in Puerto Rico by the VA in employment. We need more expertise in PTSD because we don't have anything for PTSD in Puerto Rico. We need a medical care program for Agent Orange because we have only one doctor for Agent Orange to check the veterans in Puerto Rico.

That is the reason that we request of this committee a full investigation and a Congressional hearing in Puerto Rico, because VA describes the pretty face of the facility to the people in the States, but not the ugly face.

The most pressing problem confronted by the Puerto Rican veteran, particularly those of the Vietnam era, are related to the health care.

Most of the free medical services available to Puerto Rican veterans are supplied by the Veterans' Administration hospital in San Juan, which was activated on the 24th of November, 1969. This hospital caters mainly to Puerto Rican and Virgin Island veterans. The hospital has 692 beds available for all veterans in Puerto Rico.

Even though statistics are somewhat erratic as to the number of veterans in Puerto Rico, most sources tend to estimate the number at 180,000. The gross insufficiency of the services available at the VA hospital can be readily ascertained when we take into consideration that over 100,000 veterans apply every year for services from this hospital.

In fact, the Veterans' Administration hospital in San Juan ranks first in the United States as to the number of medical service applications filed by veterans on a yearly basis.

Although the VA hospital has initiated a program whereby supplemental medical services, free of charge, are available in island private and public hospitals, it is still not nearly enough to satisfy demand. So chronic is the shortage of services available that the hospital has adopted a policy of accepting only those cases where the conditions to be treated are clearly service-connected. The veteran who is not service-related, they don't have service in Puerto Rico.

Thank you, sir.

[The prepared statement of Hon. Jose R. Jarabo appears on p. 174.]

Mr. EVANS. Thank you very much.

Dr. Richardson.

STATEMENT OF EDWIN S. RICHARDSON

Dr. RICHARDSON. Mr. Chairman, I would like permission to make corrections on my final copy.

Mr. EVANS. So ordered, without objection.

Dr. RICHARDSON. "Hau Kola, toniktuke he? Lila Waste?" I say, hello, friends. I hope you are well and I am pleased to be here and I want to thank you. It is a great honor to be here.

I particularly enjoy the fact that over the last 2 years, we have had the opportunity to talk with Congressman Joe Kennedy, who seems to have a real interest in Indian people and I was particularly interested in talking with you yesterday and, as I mentioned to you, I hope you will become the Jim Aberesk for Indian people

Mr. EVANS. My counsel here appreciates that because he is from South Dakota.

Dr. RICHARDSON. I was the Commissioner of Indian Affairs in South Dakota for a while.

I grew up as a Penobscott Indian in the Abenaki Confederacy and was on two Indian reservations. I am the first Indian psychologist in 1951 and the first Indian college president.

I wrote the resolution which permits the medicine man to enter any hospital in the United States and practice Indian medicine. This has been going on in the Southwest very successfully. I wrote the resolution to permit Indian language and the counsel from South Dakota will be pleased to know we do that in Rapid City.

The title of my presentation is "The Maligned Native Americans: America's Frozen-Out and Forgotten People."

When people talk about minorities, they most frequently talk about blacks and Hispanics. Indians seem to be ignored. There are many things that have been done physically to destroy Indian people and all Native Americans. I will address facts and then I want to spend time talking about 16 hopes that we can receive from this committee.

One of the things is that one out of every three Indians will be jailed. Every other family has a relative die in jail and I have worked with a lot of these people in South Dakota, North Dakota and other places.

The life expectancy for Indian people is 52; for Eskimos, 53. None of the 287 treaties has ever been honored, none of them.

I think there is a total misconception and a maligning against the Indian people. Many people do not understand that scalping is not Indian. It was taught by the Hessians, who were the mercenaries for the British and which they paid 25 shillings to the Indian people.

The other thing that many people do not realize, the American Constitution comes from the Iroquois Confederacy directly.

Another factor that is not realized, speaking of war, is that the code talkers, the Navajo code talkers, were successful and the Japanese were unable to break the code.

There are no known natural medicines on this continent that have not been used for thousands of years by Indian people and I have a chart over here giving you some of those many, many medicines that the Indian people have been using. In fact, the Panama Canal would have never been successfully made if it had not been for the South American Indians giving quinine to the people who were digging the canal.

There are many, many things that I think are not understood. The average income is $1,600. My father never made more than $750 in his entire life; 20 to 80 percent on the reservation are unemployed. The average educational achievement is the fourth-grade level, which is the lowest of all ethnic groups.

We have problems in housing, health—suicide is seven times the national average.

There were 86,000 Vietnam veterans and 90 percent of them were volunteers. The Supreme Court ruled that the 6,000 square miles of the gold-rich Pahasapa Range was not—was illegally taken from the Indian people.

I will quickly move on to—there are other things I would like to talk about, such things as alcoholism among Indian people is systemic. There is an amino acid enzymatic decompensation factor and I did a lot with that and that has been proven to be among the Japanese, also.

These are the things that I hope that we may be acting upon here. The first is that there will be equal citizenship awarded to the Indian people and to all Native Americans. As you know, we did not get citizenship until 1924.

The second thing is free tuition in land-grant colleges and universities and I talked with Ted Kennedy about that and he is very much interested in that.

Another factor is to protect the Native American burial sites and artifacts. This must be respected.

A fourth factor is to protect the Native American hunting and fishing rights and permit them to post their land. In Montana, the Crow Indians cannot keep fishermen from entering and fishing on their land, although it belongs to them.

A fifth thing is to protect the Native American against organizations such as the Association to Protect American Rights and Resources, which is actually a subterfuge to try to eventually get lands that belong to the native people. I am very much concerned what has happened in Alaska. I lived in Alaska for a while and was a consultant to the Eskimo society and the Exxon Corporation has only cleaned up 1 mile of what has happened there.

A sixth thing is prevention of whales, seals and dolphin killing by foreign and domestic corporations, and permit the Eskimos, who need these rights, to be able to do that.

The seventh thing is to move the Museum of the American Indian from the Bronx, in New York, which is in a warehouse, to the Smithsonian Institution in Washington, D.C.

Another thing I am hoping will happen is continuous oversight of the Indian Health Service and BIA. Since Everett Rhoades, an Indian, took over for Indian Health, it is much better, but in a 5-year period, in excess of 25,000 American Indian women, representing 43 percent of our child-bearing women, were sterilized against their conscious will. That is unbelievable.

And that they also have oversight for BIA.

The Veterans' Administration centers will develop outreach services to the reservations.

That the JPTA should be extended to include reservations and villages. There will be a continuation of the Johnson-O'Malley bill for education, and that all movies that are routinely biased against Native Americans—there should be some censoring of this.

I saw a movie one time about the Abenaki Indians bowling, something they never did, with the skulls of other people. Bowling was something Indians never did and this was in a movie. I have been very much appalled by some of these things that have happened.

Another thing I hope that is that all States will be requested—that the educators become aware of the positive contribution of Native Americans to the truth that should be in our history.

Another factor, a 14th factor, is to increase financial support to treatment centers.

A 15th factor, I feel, the Environmental Protection Agency should be headed by a Native American, just as much as the Bureau of Indian Affairs, because no one is so concerned with Mother Earth and Father Sky as Native Americans.

Another thing is that small business opportunities be extended and a 17th thing is that kitchen industries be extended and I would be glad to write the bill for that. I did write a bill for—in Nevada, and I would be glad to write a bill of this significance.

The last thing is that HUD have checklists and signed contracts and continued supervision and there be a penalty for faulty and inferior workmanship in many places, and Rapid City comes quick to mind, I worked as a consultant there and a construction company would have a poor year, maybe, in Rapid City, so when they went out to Rosebud—and I am sure you are all aware of the feature about 3 or 4 years ago about housing at Rosebud and Pine Ridge or anywhere else—when they go out, they sort of make up their losses, their financial losses, by making homes that are inferior. You can see through the walls. There are gaps in the corners. There are all kinds of problems and I think there is a need to have some kind of a checklist to see that they do a correct job.

I am pleased to be here. Thank you very kindly.

"Pilamaya Yelo."

[The prepared statement of Dr. Richardson appears on p. 181.]

Mr. EVANS. Thank you, Doctor.

You know, you touched on the fact that the vast majority of Indian veterans are volunteers and in my own experience, I have found that true, not only with the Native Americans, but also with the Puerto Rican marines with whom I served.

Every Marine Corps unit that I served in always had at least one Native American and a large contingent of Puerto Ricans, both those living in Puerto Rico and in the U.S. mainland.

That has probably contributed along with the fact that, they served largely in combat positions and in intense warfare, to them having the largest percentage of post-traumatic stress disorder, compared to other groups, as documented in the most recent study among Spanish veterans. I think it is because they were patriotic in joining and were treated so poorly when they came back.

Could you elaborate on those conditions when Native Americans and Puerto Rican veterans returned to their homes?

Mr. RICHARDSON. Yes, thank you.

The Indian people—the greatest thing that they can do is to be a veteran, and for years afterwards, they wear their uniform with great pride. However, it is very, very difficult to keep your leg on both sides of the cultural stream.

When they come back and there is nothing to do, alcoholism is high—the Indian person is the kind of person who has always been traditionally, for years, in a warrior role. Now he comes back to the reservation, many of the Indian women have more education than the men, and if the man has about a fourth- or fifth-grade education, he comes back, there is no work for him, and it is a tremendous shock and a tremendous problem for them and I have worked with a lot of them in which it is very, very difficult.

Psychologically, they have a hard time adjusting to the problems they are surrounded with. The lack of communication, the lack of understanding, the lack of employment. Work is therapeutic and when they don't have a chance to work and you have children, it is a devastating situation, a very devastating situation.

Mr. EVANS. Luis.

Mr. FALCON. Mr. Chairman, in Puerto Rico, we have about 47,000 Vietnam vets and 19,000 of these veterans fought in Vietnam. We have problems because when one veteran goes to the hospital with some problems, emotional problems, and the doctors see this veteran, they don't know what happened with that veteran because most of the problem was PTSD and we don't have the expertise. We don't have doctoring, especially in PTSD. We don't have the clinics for PTSD.

The treatment of this veteran was different. The treatment of this veteran was schizophrenia, diagnosis of schizophrenia, not PTSD, and they started giving some pills, like Torrazine and all this stuff, you know, and this veteran continued to go down because they didn't have the support because they don't know what happened and the veteran doesn't know what is going on.

That is one of the big problems in Puerto Rico.

Another problem is we don't have people who work in that division who was a veteran. They are a civilian. They don't know about Vietnam. They don't know about PTSD. When one guy comes in to apply for benefits for PTSD, they deny the claim because they say they don't have the facts. They are supposed to prove what is PTSD. It is supposed to be the doctors to prove and check the records and check all the treatment for this veteran about PTSD and they don't do anything because they don't know anything about PTSD.

Sometimes, this veteran starts drinking and they put in the diagnosis of alcohol abuse, but they are drinking because they don't have a treatment and they deny the claim, too.

Mr. EVANS. You, I think, indicated to me yesterday that you have also had a situation with the fee contracting impacting on veterans in Puerto Rico.

Mr. FALCON. That is right. They want to change the fee basic program, to cancel the fee basic program. You see, they cancel the fee basic program in Puerto Rico, we have only about 15 psychiatrists and about 25 doctors in outpatient clinics, and they saw about 15 to 20 veterans per day.

If they change, they cancel the programs, all these veterans coming to the hospital to see the doctor, too. What happens? They are supposed to be 45 minutes, one doctor, with the veteran, no? In this occasion, probably the doctor saw this veterans for 2 minutes or 3 minutes and the situation of the veteran, emotionally, was going down, too.

That is the reason we request a Congressional hearing and a full investigation because if they establish this program, we have more problems in the hospital.

Another problem is the cardiovascular ward in the VA. They closed this ward in 1987 and they sent all their veterans to the States to receive treatment. How many veterans will die in this year, about 15 or 20, and they reopen again the ward, but they only have 20 beds. They still send the veteran to the States.

Last week, in the hospital, die about 14 veterans and they committed suicide, about three or four last week. We have a critical problem in Puerto Rico.

Mr. EVANS. I know the Speaker whom you are representing today is going to be in town next week with the State Legislators Conference, so I look forward to meeting with him and discussing this further.

Mr. FALCON. Thank you, sir.

Mr. EVANS. Doctor, have you found the same kind of problems with lack of outreach by the Vet Centers on Indian reservations and also any cutbacks in the contract fee program affecting Native American vets?

Dr. RICHARDSON. Yes, I have. I want to add to what he was mentioning about schizophrenia. As Chief of Psychology, I met daily with the Chief of Psychiatry. He was a non-Indian person and he said, "This person is schizophrenic," and I said, "No, he is not." He said, "Well, he believes in the spirit world," and I said, "Of course, because he is studying to be a Medicine Man."

The thing I didn't tell him, because it would have jeopardized my own standing scientifically, I, too, believe in the spirit world, growing up in Indian ways and in traditional ways. I believe very much that way, but I couldn't tell him that because I would lose the significance of trying to discuss things on an equal professional level.

So there are a lot of misdiagnoses. We don't have a lot of schizophrenic Indian people. We do have a lot of character disorders; we do have a lot of alcoholics; we do have a lot of trauma. On some reservations, it is up to 287 percent. So we do have that factor.

Then the question that you were mentioning on outreach service and service on the reservations, some of the doctors that go to the Indian Health Service have stayed only 2 or 3 weeks and then leave. The article that was in about 2 or 3 years ago in the Washington Post for a whole week told about an Indian who had ulcers. He went to see the doctor and the doctor advised him to use cotton batten and put it in his navel as treatment for ulcers, a rather ridiculous statement.

So there, in many cases, is inferior training among medical staff. They don't stay there long enough. That is a second problem.

A third is finance. There isn't enough money and many of the hospitals are unable to meet their needs on X-ray paper and things like that, and then the fourth thing is having an outreach program. You have, on a reservation what we call reservation roads which are very inferior and they are very spread out so you may have a person who has to go to see the doctor for treatment and he is unable to get there.

There aren't enough—a program that I recommended in Vietnam was a mobile medical unit and that is what is needed on many of the reservations. There isn't enough outreach program.

Mr. **Evans**. We thank you very much for joining us today and we appreciate all the testimony given by all the witnesses today.

I think this was a very good hearing for me and for the committee members. We will pass the word along in terms of the hearing record to the other members and we have learned quite a lot today.

I want to thank the Joiner Center and Dr. Paul Camacho again for helping us organize this. I will make a commitment at this time, Paul, to do this again next year because I think it is very useful. Thank you very much.

The hearing is concluded.

[Whereupon, at 1:20 p.m., the subcommittee was adjourned, to reconvene subject to the call of the Chair.]

APPENDIX

CONGRESSMAN CRAIG T. JAMES
OPENING STATEMENT

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION

MAY 3, 1989

THE VIETNAM VETERAN

MR. CHAIRMAN, REPUBLICAN AND DEMOCRATIC COLLEAGUES, I WOULD LIKE TO EXTEND A WARM WELCOME TO THE VIETNAM VETERANS AND THEIR ORGANIZATION WHO HAVE COME BEFORE THIS SUBCOMMITTEE TO TESTIFY ON THE SPECIAL NEEDS OF THE VIETNAM VETERAN.

THE VIETNAM VETERANS ARE EXPERIENCING THE SAME FRUSTRATION AS THE VETERANS WHO SERVED BEFORE THEM - MAINLY GAINING ACCESS TO VA BENEFITS. THIS PROBLEM HAS BEEN ECHOED FROM EVERY VETERAN'S ORGANIZATION THAT HAS TESTIFIED BEFORE THIS COMMITTEE.

VIETNAM VETERANS ARE FINDING IT INCREASINGLY DIFFICULT TO RECEIVE THE SERVICES THAT THEY NEED AND ARE ENTITLED TO. THE GREATEST DEFICIENCY IS IN THE AREA OF HEALTH CARE.

THE DEMANDS ON THE VA HEALTH CARE SYSTEM IS STEADILY INCREASING. TODAY MORE AND MORE VETERANS ARE UTILIZING THE VA PROGRAMS, BUT MANY ARE BEING TURNED AWAY FROM MEDICAL CENTERS AND CLINICS DUE TO UNDERSTAFFED FACILITIES OR TERMINATION OF SERVICES.

UNLIKE OTHER VETERANS, VIETNAM VETERANS TEND TO HAVE A HIGHER THAN NORMAL INCIDENCE OF READJUSTMENT DIFFICULTIES AND SUBSTANCE ABUSE. SOCIETY PREVIOUSLY CONSIDERED A VETERAN WHO EXPERIENCED FLASHBACKS, INSOMNIA, DEPRESSION, AND ANXIETY AS BEING "SHELL-SHOCKED." WE NOW UNDERSTAND THIS CONDITION TO BE POST TRAUMATIC STRESS DISORDER. THE COMPLICATIONS OF PTSD RANGE FROM WITHDRAWAL, VIOLENT BEHAVIOR, AND ALCOHOL AND DRUG ABUSE.

THE ILLS THAT FACE OUR SOCIETY ARE NOT ALIEN TO THESE VETERANS - THE AIDS CRISIS AND THE HOMELESS. THEY ALSO HAVE AN ISSUE THAT IS UNIQUE - AGENT ORANGE. WHAT CAN THIS COMMITTEE DO TO HELP? HOW CAN WE BEST ADDRESS THESE PROBLEMS?

STATEMENT OF CONGRESSMAN CLIFF STEARNS

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

MAY 3, 1989

Thank you Mr. Chairman.

It is an honor to be present today to hear testimony on concerns specific to Vietnam veterans. I look forward to learning more from these knowlegeable witnesses.

Vietnam era veterans have special needs, needs that are very different from earlier groups of vets. It is apparent that the psychological and physical problems of this group are unique in the veteran population, and special solutions need to be implemented to provide help for them. You all are the experts, and I hope you will be able to shed some light on the programs now in place that WORK, and let us know what else is needed.

I am working on setting up a Vietnam Veterans Center in several counties in my district to provide specialized mental health services, particularly for post traumatic stress disorders and other problems stemming from their service in the Vietnam war. I am particularly interested in hearing from you on the success of similar centers in other parts of the country.

I thank you for sharing your time with us today. Thank you Mr. Chairman.

May 3, 1989

Testimony of Senator John Kerry

Subcommittee on Oversight and Investigations

House Veterans Affairs Committee

Mr. Chairman, thank you very much for giving me this opportunity to appear before the subcommittee to testify on the concerns of Vietnam Era Veterans. Before beginning my testimony I'd like to commend you for your leadership on veterans issues; you have been a strong, sometimes solitary, but always effective voice in the House.

Let me begin by saying that last year was a very good year for all veterans. Congress created the Department of Veterans Affairs and I'm glad that America's veterans are finally receiving the recognition they deserve.

Congress also passed legislation which I cosponsored to provide the right of Judicial Review for Veterans. This bill created a court of Veterans Appeals which, as you know, will be operational on September 1 of this year. Congress must carefully monitor the implementation of the law creating the court to assure that this long fought for victory for veterans provides meaningful review of VA decisions.

Despite our progress last year, many of the same problems that have plagued Veterans in the past remain unsolved and unaddressed. VA Health Care programs are now operating under the extreme stress of a budget shortfall for FY '89 of $635 million. The accumulated shortfall facing VA health care programs is estimated to be well over $ 1 billion.

This unprecedented strain on VA health care facilities has pushed resources beyond the breaking point. The VA suffers from shortages of doctors, nurses and other health care professionals. Veterans, with service- connected and non-service connected health care needs alike are being denied access to VA hospitals and medical treatment.

I know that in my home state of Massachusetts, the effects of the budget crisis have been particularly acute. The VA center in Northhampton estimates that based on the proposed FY 1990 budget, staff will have to be cut by 30 to 60 employees and entire wards will have to be completely closed down. In Bedford, they've already had to suspend the use of approximately 200 hospital beds and 41 nursing home beds.

Two months ago I co-signed a letter with 41 other Senators requesting that the Bush Administration approve an urgent supplemental appropriation. And I know that the House has been working hard to craft a supplemental appropriation of its own. President Bush has acknowledged "the crying need for strong health care for the veterans" and we must hold him to that commitment and help him respond to that cry.

There are a number of other issues that are of particular concern to Vietnam Veterans. I'm very concerned about the issue of Post Traumatic Stress Disorder (PTSD).

Mr. Chairman, I'm sure that you are aware of the recent study by the highly respected Research Triangle Institute in North Carolina. The study commissioned by the VA, found that almost one in six Vietnam veterans suffer from PTSD and almost half have a psychiatric disorder at some point in their lives. That means that nearly a half million veterans, over 15% of those who served in Vietnam, have PTSD. But PTSD is by no means limited to Vietnam Veterans. Many of those who were in combat in World War II and the Korean War also have suffered from PTSD.

I know Senator Cranston has legislation that will expand research into PTSD -- legislation which I am cosponsoring.

However, I think this is another area where we need to dramatically increase our outreach and treatment capabilities. The Research Triangle Study found, for example, that only about 20% of the veterans suffering from the disorder had sought treatment from the VA. Part of the problem is that the VA only has 16 PTSD in-patient centers around the country. I think there is a feeling among veterans, one not entirely unjustified, that the VA simply does not understand the scope of this problem. Hopefully, the Research Triangle Institute Study will motivate the VA to more aggressively address this problem.

The homeless veteran is another very important problem that we must tackle. Recent estimates indicate that as many as 3 million Americans are homeless. No one really knows for certain how many of those are veterans -- estimates range from 20% to 50%. Most of the homeless veterans are Vietnam era veterans.

The VA has a number of pilot projects in the works: The Homeless Veterans' Reintegration Project emerged from the McKinney Homeless Act of 1987. The project established 18 pilot programs, many on a demonstration basis. For instance, one of the projects, the Homeless Chronically Mentally Ill (HMCI) program, an outreach effort in 43 VA medical centers, aims to identify homeless mentally ill veterans and place them in community-based treatment settings. The Boston VA Medical Center has participated in this program with significant success. In fact, the program has been a big success around the nation. But it's only a drop in the bucket. Two thousand people have been helped, and I applaud that, but the fact is, there may be as many as 3 million homeless veterans. These are men and women who have served our country with honor and it is a national disgrace that our government has not yet made a concentrated effort to address their plight on a broad scale.

Mr. Chairman, it has been 14 years now -- almost to the day -- that the United States ended its involvement in the Vietnam War. But for so many Vietnam Veterans -- particularly those who were exposed to Agent Orange -- the war has still not ended.

Agent Orange was used in Vietnam to clear the jungle cover in order to protect our troops from ambush. But tragically, many of own troops were sprayed. Some bathed in water contaminated with Agent Orange; others drank water contaminated by it.

It is estimated that during the course of the war, eleven million gallons of Agent Orange were sprayed over Vietnam.

Agent Orange contains dioxin, one of the most toxic chemicals known. Vietnam veterans have long suspected that diseases and health problems suffered by them and by their children are attributable to their Vietnam service, and very probably to Agent Orange. Scientific studies have shown that there is strong evidence of a link between Agent Orange and several diseases, including cancer. Even the chemical companies that manufactured the herbicide tacitly admitted the deleteroius effect of Agent Orange when last year they settled a multimillion dollar class action suit with Vietnam Veterans.

But the Department of Veterans Affairs still does not recognize any linkage between Agent Orange exposure in Vietnam and significant health problems. The only related disease for which they will compensate veterans is chlorance, an exceedingly rare, albeit disabling skin rash.

This flies in the face of a growing body of scientific evidence that far surpasses the reasonable doubt standard used by the Veterans Admininstration to compensate veterans for other serious diseases and health problems. Listen to just a sample of the evidence:

- A 1986 study by the National Cancer Institute of farmers in Kansas who had been exposed to 2,4-D, a primary ingredient of Agent Orange, suffered non-Hodgkin's lymphona at a rate six times higher than normal.

- A 1987 study released reluctantly by the Veterans Administration showed that Marines who served in I Corps, a northern area of South Vietnam that was heavily sprayed with Agent Orange, died from non-Hodgkin's lymphona at a rate 110% higher than normal.

- A March, 1988 study released by the Air Force showed that "Ranch Hand" troops who were directly involved in the spraying of Agent Orange have statisically higher incidences of five conditions linked to exposure to dioxin, including neoplasia (tumors), birth defects, psychological changes, liver damage and cariovascular damage.

- A study released this year by epidemiologists, Steven and Jeanne Stellman, found that half of the 35 combat battalions they examined were in areas near Saigon during or soon after Agent Orange was sprayed in 1967 and 1968. They believe the evidence is so strong that veterans should be contacted, checked for health effects and warned of possible future problems.

The evidence mounts. Mr. Chairman, as you know, the law requires that "reasonable doubt" concerning the service connection of a veteran's disability shall be resolved in favor of the veteran. That threshold has been reached. The Veteran's Administration should take action.

Last year Senator Daschle and I introduced legislation that would have compensated Vietnam Veterans for diseases that may be attributable to Agent Orange, especially non-Hodgkin's lymphona and soft-tissue sarcoma.

That legislation passed the Senate, but unfortunately was never considered by the House Veterans Committee, nor was it considered on the floor of the House. Moreover, it was never a part of any conference.

But Senator Daschle and I are not giving up.

We are working again with Senator Cranston to craft legislation that will compensate the victims of Agent Orange spraying.

And if there is one thought I want to leave with you today Mr. Chairman, it is the urgency with which we view the need for Agent Orange compensation. It's been 14 years since the end of the war -- many of the veterans have teenage children now. It is a disgrace that the Department of Veterans Affairs has been permitted by the Congress to perpetuate the tragedy of Agent Orange.

Again, Mr. Chairman I thank the Committee for this opportunity in the early stages of a new Congress to express my views on some priority areas for Vietnam era veterans. I commend this Committee for its diligence on behalf of all veterans and I looking forward to working with you on these important issues.

THOMAS DASCHLE
SOUTH DAKOTA

COMMITTEES
AGRICULTURE
FINANCE
INDIAN AFFAIRS

(202) 224-2321
TOLL FREE 1-800-424-[illegible]

United States Senate
WASHINGTON, DC 20510

810 South Main Street
P.O. Box 1536
Aberdeen, SD 57401
(605) 226-[illegible]

818 6th Street
P.O. Box 8168
Rapid City, SD 57709
(605) 348-7551

810 South Minnesota Avenue
P.O. Box 1274
Sioux Falls, SD 57101
(605) 334-[illegible]

TESTIMONY OF SENATOR TOM DASCHLE BEFORE THE HOUSE VETERANS' AFFAIRS SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

May 3, 1989

Mr. Chairman, first let me thank you for holding this hearing on issues of concern to Vietnam veterans and for inviting me to testify on the issue of Agent Orange in particular. I appreciate this opportunity to voice my continued deep concern about the inadequacy of the federal government's policy with respect to veterans who may have been harmed by their exposure to toxic chemicals.

Of course, it goes almost without saying that I am also concerned about the other issues you are addressing today -- Post-Traumatic Stress Disorder, Vet Centers, home loans, and many others. These are important matters that deserve the attention you are giving them, and I applaud your efforts.

As you know, Mr. Chairman, for over ten years I have pushed for a meaningful government response to veterans exposed to Agent Orange and other potentially harmful chemicals used in Vietnam. I deeply regret that there is still a need to hold hearings like this one. In my view, the government's response has been embarrassingly inadequate despite the fact that we have spent millions upon millions of dollars "studying" the issue.

I am not opposed to study, but the government studies have been mishandled in several important ways. First, they have, in many cases, been delayed or aborted for reasons that are, at least, suspicious and, at worst, malicious. Second, they have been conducted at times outside the parameters of the study protocols. Third, they have been misrepresented by the previous Administration, with the misrepresentations always occurring in the direction of downplaying the negative effects of Agent Orange exposure. Finally, they have been used by the Administration and others to avoid the issue of compensation -- the government, when asked to provide disability compensation for Vietnam veterans who may have been harmed as a result of their service, has, in the words of several independent scientists "hidden" behind the science and the lack of absolute scientific proof that Agent Orange caused certain illnesses.

Over the years, in spite of incomplete scientific evidence about the cause of many veterans' disabilities, Congress and the VA have established presumptions for compensation purposes that certain diseases were caused or aggravated by a veteran's military service. There are 54 diseases on that "presumptive disability" list, including cardiac disease in amputees, spastic colon in former POWs, and 13 diseases related to atomic radiation exposure that were added during the last Congress. So, when Vietnam veterans ask for consideration on the Agent Orange issue, they are not asking for any special treatment. They are asking for fair treatment.

It is fine to continue the studies, especially the independent ones. There is much more to be learned, and what we learn will serve not only veterans, but the general public, which is exposed to dioxin and other toxic chemicals through polluted water systems, food, and certain occupational environments.

Nevertheless, at some point -- some point before all the victims are dead -- we have to be willing to cut off the scientific debate for purposes of determining the government's responsibility to certain veterans who are disabled as a likely result of their exposure to Agent Orange or other aspects of their Vietnam service. In my view, we should have been there long ago, and we should certainly be there now. Furthermore, I believe the vast majority of House and Senate members agree with me.

That is why Senator Kerry and I introduced legislation in the last Congress to compensate Vietnam veterans who were exposed to Agent Orange and now suffer from non-Hodgkin's lymphoma and soft-tissue sarcoma, and to enlist the National Academy of Sciences to conduct a comprehensive survey and analysis of all the scientific information related to the Agent Orange/dioxin issue. The bill also would have set up procedures to restructure the Ranch Hand Advisory Committee, analyze VA medical records, archive veterans' tissue samples, improve VA outreach services, and fund pilot studies to determine the feasibility of future research. As you know, the Senate passed a compromise version of our bill last October, but the House rejected the compensation and other major aspects of the legislation.

Senator Kerry and I are currently working with Senator Cranston, the Chairman of the Senate Veterans' Affairs Committee, on new Agent Orange legislation that we hope to introduce within the next few weeks. We know that you are interested in pursuing similar legislation in the House.

The fight goes on. I am willing to continue the fight as long as necessary, and I look forward to working with you to ensure that Vietnam veterans exposed to Agent Orange are finally given the consideration they deserve.

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
Testimony by: Ralph Cooper

MR CHAIRMAN, MEMBERS OF THE COMMITTEE ON VETERANS' AFFAIRS AND LADIES AND GENTLEMEN, GOOD MORNING. MY NAME IS RALPH COOPER AND I AM THE EXECUTIVE DIRECTOR OF THE VETERANS BENEFITS CLEARINGHOUSE, INC., LOCATED AT 70 WARREN STREET, ROXBURY, MASSACHUSETTS. IT IS INDEED AN HONOR FOR OUR AGENCY TO HAVE BEEN SELECTED BY THIS COMMITTEE TO GIVE TESTIMONY ON THE PLIGHT OF VIETNAM ERA VETERANS AS IT RELATES TO HOUSING.

VETERANS BENEFITS CLEARINGHOUSE (VBC) WAS INCORPORATED IN 1977. WE ARE A COMMUNITY-BASED AGENCY SERVING ALL VETERANS OF ALL WARS. OUR MISSION STATEMENT EMPHASIZES ASSISTANCE TO VETERANS LEAST ABLE TO READJUST TO CIVILIAN LIFE, WHICH HAPPENS TO BE VETERANS WHO HAVE SEEN THE HEAVIEST COMBAT AND ARE BLACK. SINCE 1983, FIFTEEN HUNDRED TO TWO THOUSAND PERSONAL CLIENT CONTACTS ARE MADE AT THIS COMMUNITY-BASED ORGANIZATION (CBO) EVERY YEAR. THESE VETERANS ARE USUALLY OF COLOR.....EITHER AFRICAN-AMERICAN, LATINO OR HISPANIC AND THEY ARE IN DEEP TROUBLE. VBC IS DEDICATED TO HELPING THESE VETS SECURE THEIR RIGHTFUL VA BENEFITS, COMPLETE THEIR EDUCATION OR TRAINING, PROVIDE A SAFE COUNSELING ENVIRONMENT AND HELP THESE VETS BECOME PRODUCTIVE MEMBERS OF SOCIETY. VBC ESTIMATES THAT TWO THIRDS OF OUR CLIENTS ARE HOMELESS OR LIVE IN CONDITIONS OF OVERCROWDING OR SUBSTANDARD HOUSING.

NOW, AS MANY OF YOU KNOW, BOSTON IS A HARD PLACE FOR A LOW-INCOME PERSON TO FIND AFFORDABLE HOUSING. AS THIS COMMITTEE IS AWARE, HOUSING COSTS IN BOSTON ARE UNUSUALLY HIGH; MOST LOW-INCOME FAMILIES PAY CLOSE TO FORTY (40) AND SOMETIMES AS HIGH AS FIFTY (50) PERCENT OF THEIR INCOMES FOR HOUSING. MY CLIENTS, VIETNAM/ERA VETS FOR THE MOST PART, FACE SERIOUS OBSTACLES WHEN THEY SEEK AFFORDABLE HOUSING. AS NOTED IN A VA STUDY, AFRICAN-AMERICAN VETS ARE 25% OF THE HOMELESS VET POPULATION.

VBC HAS EMBRACED A MODEL THAT WORKS. WE ARE PROUD TO SAY THAT WE DON'T JUST DESCRIBE THE PROBLEMS OF THE HOMELESS AND UNDERHOUSED, WE HAVE SOLUTIONS. WE WILL REPLICATE THIS MODEL IN OUR SERVICE AREA.....INNER CITY AFRICAN-AMERICAN ROXBURY AND DORCHESTER, AS WELL AS OTHER NEIGHBORHOODS THROUGHOUT MASSACHUSETTS AND OUR COUNTRY, AS OFTEN AS WE CAN. WE DO, HOWEVER, REQUIRE RESOURCES WHICH YOUR COMMITTEE CAN HELP PROVIDE. THE FEDERAL GOVERNMENT OFTEN ACQUIRES PROPERTY THROUGH MORTGAGE DEFAULTS. THE FEDERAL GOVERNMENT SHOULD DESIGNATE VBC AS DEVELOPER. THE VETERAN'S ADMINISTRATION AND OTHER APPROPRIATE AGENCIES SHOULD EARMARK FUNDS FOR VETERAN HOUSING, BEING CAREFUL TO REQUIRE THE MODEL SUPPORTIVE SERVICES, WHICH WE WILL ALWAYS INCLUDE IN ANY VBC DEVELOPED HOUSING.

MR. CHAIRMAN, COMMITTEE MEMBERS, AS I STAND HERE BEFORE YOU, BACK HOME IN ROXBURY, MY STAFF IS WORKING WITH HOMELESS AND POORLY HOUSED VETERANS, DESPERATELY SEEKING HOUSING. THESE VETERANS AND THEIR FAMILIES NEED YOU TO TAKE A STAND AS OUR ELECTED LEADERS AND SUPPORT THE DEVELOPMENT OF MORE HOUSING FOR THE HOMELESS AND UNDERHOUSED OF AMERICA.

WITHIN MY COLLEAGUE, MR. RON ARMSTEAD'S TESTIMONY, THE COMMITTEE WILL FIND STATISTICS REGARDING THE PLIGHT OF HOMELESS VETERANS AND THEIR FAMILIES, SO I WILL NOT GO INTO THE SUBJECT NOW; SUFFICE TO STATE HERE THAT VBC IS WORKING ON TWO PROJECTS TO ADDRESS IN A SMALL, BUT SINCERE MANNER, THE PROBLEM OF HOMELESSNESS AS IT RELATES TO OUR CLIENTS.

VBC CREATED A NOT-FOR-PROFIT HOUSING CORPORATION, VBC DEVELOPMENT CORPORATION, WHICH IS PRESENTLY REHABBING APARTMENTS IN DORCHESTER, MASSACHUSETTS, WHICH WILL HOUSE SIXTY-PLUS PEOPLE. AND, THAT'S NOT ALL! WE ARE ALSO EMBARKED ON A PROJECT TO REHAB AN ABANDONED BUILDING INTO A SINGLE ROOM OCCUPANCY (SRO) BUILDING DEVELOPMENT WHICH WILL HOUSE TWENTY-FOUR PLUS HOMELESS VETERANS.

AT VBC WE RECOGNIZE THAT HOMELESSNESS IS TYPICALLY ACCOMPANIED BY UNEMPLOYMENT AND UNSTABLE, DESTRUCTIVE LIVING PATTERNS. VBC PROPOSES THAT SUPPORTIVE SERVICES SHOULD BE PROVIDED IN SUCH CASES AND EXTENDS THE ARGUMENT TO INCLUDE LOW-INCOME PERSONS WHO ARE FIRST-TIME RENTERS OR HOMEOWNERS. VBC'S GOAL IS TO PROVIDE THESE SERVICES TO OUR TENANTS BY EXPANDING OUR EXISTING COUNSELING AND EMPLOYMENT PROGRAMS AND BROADENING OUR PROGRAMS, AS WELL.

THE VETERANS BENEFITS CLEARINGHOUSE ENJOYS AN ACCOMPLISHED RECORD IN THE DELIVERY OF COUNSELING, EMPLOYMENT, LEGAL, EMERGENCY AND REFERRAL SERVICES. FOR THE PURPOSES OF MAINTAINING QUALITY, RENTAL HOUSING IN NEIGHBORHOODS THAT CAN BE CHARACTERIZED AS TROUBLED BY CRIME, SUBSTANCE ABUSE AND DISINVESTMENT, VBC HAD INCORPORATED MANY OF THESE SERVICES INTO A BROADER PROGRAM ENTITLED THE FAMILY LIVING SKILLS PROGRAM.

THE FAMILY LIVING SKILLS PROGRAM IS DESIGNED TO ASSURE THAT ALL PERSONS WHO RESIDE IN DEVELOPED RENTAL LOW AND MODERATE INCOME HOUSING HAVE THE MOTIVATION, KNOWLEDGE AND SKILLS TO APPROPRIATELY MAINTAIN THEIR HOUSEHOLDS. IT IS COGNIZANT THAT RESIDENTS NEED SUPPORTIVE SERVICES TO ENABLE THEM TO APPROPRIATELY

MAINTAIN THEIR HOUSEHOLDS AND INSURE PROPERTY UPKEEP. THE PROGRAM IS DESIGNED TO INTERFACE, INTERVENE AND CREATE WAYS TO TRANSFORM THE NEGATIVE PATTERNS OF LIVING STYLE WHICH ARE TYPICAL OF MOST HOMELESS AND UNDERHOUSED VETERANS AND TO REVERSE THE BROADER BASED PATTERN OF DISINVESTMENT THAT HAS BEEN PRACTICED IN THE NEIGHBORHOOD.

VBC HAS EMBRACED A MODEL FOR HOUSING DEVELOPMENT THAT WORKS. WE ARE PROUD TO BE ABLE TO SAY THAT WE DON'T JUST DESCRIBE THE PROBLEMS OF HOMELESS AND UNDERHOUSED VETERANS, WE HAVE SOLUTIONS!

WE WILL REPLICATE THIS MODEL IN OUR SERVICE AREA.....INNER CITY AFRICAN-AMERICAN ROXBURY AND DORCHESTER NEIGHBORHOODS AS OFTEN AS WE ARE ABLE. THE TROUBLE IS, THAT WHILE WE STAND HERE WILLING TO DO THE JOB, WE ARE NOT ALWAYS ABLE. WE NEED MORE RESOURCES. RESOURCES, MR. CHAIRMAN, WHICH WE BELIEVE THE FEDERAL GOVERNMENT IS ABLE TO SUPPLY. THE QUESTION, IT SEEMS TO VBC, IS ARE YOU WILLING!!

THE FEDERAL GOVERNMENT OFTEN BECOMES RELUCTANT LANDLORDS DUE TO MORTGAGE DEFAULTS. MR. CHAIRMAN, VBC SHOULD BE DESIGNATED RE-DEVELOPER OF THOSE PROPERTIES. THE VETERANS ADMINISTRATION AND OTHER APPROPRIATE AGENCIES SHOULD EARMARK FUNDS FOR VBC HOUSING BEING CAREFUL TO REQUIRE THE MODEL SUPPORTIVE SERVICES WHICH VBC WILL ALWAYS INCLUDE IN ANY DEVELOPMENT PROJECTS WHICH WE INITIATE OR SUPPORT.

Ralph Cooper's Testimony before the United States House of Representatives Committee on Veterans Affairs

MR. CHAIRMAN, COMMITTEE MEMBERS, AS I STAND HERE BEFORE YOU, BACK HOME IN ROXBURY MY STAFF IS WORKING WITH THE HOMELESS AND UNDERHOUSED VETS THAT HAVE BECOME A SEEMINGLY PERMANENT FIXTURE IN OUR RECEPTION AREA. MY STAFF IS AT THIS VERY MOMENT APOLOGIZING TO SOME HOMELESS VET FOR THE APPALLING LACK OF AFFORDABLE HOUSING AVAILABLE FOR THAT VET AND HIS FAMILY. THESE VETS DESPERATELY NEED YOU TO TAKE A STAND AS OUR ELECTED LEADERS AND ACTIVELY SUPPORT THE DEVELOPMENT OF MORE HOUSING FOR THE HOMELESS AND UNDERHOUSED OF AMERICA.

THANK YOU

STATEMENT OF

RAYMOND GRODECKI, VIETNAM VETERAN AND HOME BUILDER,
before the

COMMITTEE ON VETERANS AFFAIRS

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

on the issue of

HOUSING CONCERNS OF VIETNAM ERA VETERANS

May 3, 1989

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

MY NAME IS RAYMOND GRODECKI AND I LIVE IN EASTON, MARYLAND. I AM TESTIFYING HERE TODAY AT THE INVITATION OF THIS SUBCOMMITTEE, AND I THANK YOU VERY MUCH FOR GIVING ME THIS OPPORTUNITY. I WILL START BY STATING THAT I SERVED IN THE U.S. ARMY FROM 1967 TO 1969, AND DURING THAT TIME HAD AN EXTENDED TOUR OF DUTY IN THE CENTRAL HIGHLANDS OF SOUTH VIETNAM. IN 1972, I TOOK ADVANTAGE OF ONE OF THE BENEFITS TO THE G.I. BILL OF RIGHTS, BY ENROLLING IN AN APPRENTICESHIP PROGRAM SPONSORED BY THE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA. SINCE THAT TIME, I HAVE EVOLVED INTO A SINGLE-FAMILY HOMEBUILDER.

I AM THE IMMEDIATE PAST PRESIDENT OF THE CHESAPEAKE BUILDER ASSOCIATION, WHICH IS CHARTERED BY THE NATIONAL ASSOCIATION OF HOME BUILDERS. WHEN NOT BUILDING HOMES, I PARTICIPATE ON TASK FORCES, COMMITTEES AND IN GENERAL THE POLITICAL PROCESS. THE INSPIRATION IS MY STRONG CONCERN OVER THE RAPID DEPLETION OF DECENT, AFFORDABLE HOUSING WHICH HAS NOW REACHED CRISIS PROPORTION.

I COME HERE TODAY NOT REPRESENTING A VETERANS ORGANIZATION NOR AN INDUSTRY ASSOCIATION, BUT SIMPLY AS A VIETNAM VETERAN AND A HOME BUILDER WHO CARES. I WILL OFFER MY OPINIONS AND SOME RECOMMENDATIONS.

PRESENTLY, IT HAS BEEN ESTIMATED THAT 1 TO 3 MILLION PEOPLE IN THIS COUNTRY ARE HOMELESS, OF WHICH 80,000-PLUS ARE VIETNAM-ERA VETERANS. VETERANS COMPRISE THE LARGEST PERCENTAGE OF ANY GROUP

OF HOMELESS; ALSO, LATEST RESEARCH REPORTS THAT THE FASTEST GROWING GROUP OF HOMELESS ARE THE SINGLE MOTHERS WITH CHILDREN. BOTH OF THESE STATISTICS, QUITE FRANKLY, ARE A NATIONAL DISGRACE. WHAT'S FRUSTRATING TO ME IS THE FACT THAT I KNOW WE CAN SOLVE THESE PROBLEMS. THERE ARE MANY ANSWERS AND SOLUTIONS OUT THERE, BUT WE'VE GOT TO TAKE THIS PROBLEM SERIOUSLY, THEN THE COMMITMENT, AND WORK TOGETHER. FORTUNATELY, THIS IS STARTING TO HAPPEN AT THE LOCAL LEVEL.

TODAY WE ARE IN WASHINGTON, D.C., ASKING YOUR HELP ON A FEDERAL LEVEL. THERE ARE TWO AREAS PERTAINING TO HOUSING THAT I WILL SOLICIT YOUR SUPPORT FOR. FIRST, I'D LIKE TO COMMENT ON HOUSE BILLS BEFORE THE 101ST CONGRESS.

H.R. 1415 SPONSORED BY REP. HARLEY STAGGERS ENTITLED THE MORTGAGE INDEMNITY ACT HAS BEEN INTRODUCED TO PROVIDE RELIEF TO THE SUFFERING V.A. HOME LOAN GUARANTY PROGRAM. AS A VETERAN IT IS OF UTMOST IMPORTANCE THAT WHATEVER SOLUTION YOU AS OUR REPRESENTATIVES DECIDE, IT MUST BE A LONG-TERM SOLUTION AND NOT JUST A QUICK FIX. THIS PROGRAM'S OBJECTIVES SHOULD NOT BECOME JEOPARDIZED, BUT CONTINUE TO PROVIDE VETERANS WITH THE HELP AND SERVICES AS ORIGINALLY INTENDED.

IN ADDITION, I WOULD SUPPORT THE INTRODUCTION OF OPTIONAL AND CONVERTIBLE ADJUSTABLE RATE MORTGAGES TO V.A. FINANCING PROGRAMS. ALL MAJOR MORTGAGE FINANCING PROGRAMS OFFER THIS ALTERNATIVE. ARM'S WITHIN THE V.A. COULD POSSIBLY BE PATTERNED AFTER FHAs WITH RATE CAPS AND BUILT-IN SAFEGUARDS.

I RECOGNIZE THAT SOME VETERANS ORGANIZATIONS DO NOT SUPPORT ARMs IN VA FUNDING PROGRAMS. THE RATIONALE, I BELIEVE, IS THEIR CONCERN OVER "PAYMENT SHOCK." AS A HOME BUILDER I CAN TELL YOU THAT ARMs ARE POPULAR DURING PERIODS OF UNSTABLE AND ABNORMALLY HIGH INTEREST RATES. THE HOME BUYER WANTS AND NEEDS FLEXIBILITY DURING THESE PERIODS. WE MUST REMEMBER THE IMPORTANCE OF MAKING HOME OWNERSHIP MORE ACHIEVABLE, NOT MORE DIFFICULT. IN THIS REGARD, UNFORTUNATELY, THE LATTER HAS BECOME THE CASE. WE MUST UNDERSTAND THAT A DOMINO EFFECT OCCURS WHEN THE RATE OF HOME OWNERSHIP DECLINES, HENCE THE ALARMING NUMBER OF HOMELESS. IF WE CAN REVERSE THIS TREND, IT WILL RESULT IN THE INCREASED AVAILABILITY OF RENTAL HOUSING AT ALL LEVELS.

REP. DONNELLY, HAS INTRODUCED H.R. 151 TO EXTEND THE MORTGAGE REVENUE BOND PROGRAM THROUGH 1992. AS YOU KNOW, THIS PROGRAM TARGETS HARD WORKING, MODERATE INCOME, FIRST TIME HOME BUYERS. THESE BONDS CAN RESULT IN A SAVINGS OF UP TO 20 PERCENT OVER THE LIFE OF A MORTGAGE. I URGE YOU TO SUPPORT THIS EXTENSION.

SENATORS CRANSTON AND D'AMATO HAVE CO-SPONSORED THE NATIONAL AFFORDABLE HOUSING ACT, WHICH IS A DETAILED AUTHORIZATION BILL TO PROVIDE THE FRAMEWORK FOR NATIONAL HOUSING POLICY. SOME OF THE PURPOSES OF THIS BILL ARE OUTLINED IN MY WRITTEN TESTIMONY.

THE NATIONAL AFFORDABLE HOUSING ACT REPRESENTS A SERIOUS APPROACH TO OUR HOUSING CRISIS. AND I STRONGLY ASK FOR YOUR SUPPORT OF H.R. 1637 INTRODUCED BY REPS. CHARLES RANGEL AND MARGE ROUKEMA AND H.R. 1532 INTRODUCED BY REP. GERALD KLECZKA.

H.R. 6, H.R. 69, H.R. 193 AND H.R. 1221 ALL DEAL WITH ENTERPRISE ZONE PROGRAMS, AN IDEA I FIND PARTICULARLY EXCITING, AS DO SECRETARY KEMP AND PRESIDENT BUSH. ALTHOUGH THEY DEAL MORE DIRECTLY WITH ECONOMIC DEVELOPMENT, THEY WILL HAVE A POSITIVE INDIRECT EFFECT ON HOUSING NEEDS. AT A TIME WHEN HOUSING PROGRAMS ON A FEDERAL LEVEL HAVE SUFFERED A 75 PERCENT CUT, THE NEED TO ATTRACT PRIVATE INDUSTRY AND SMALL BUSINESS TO HELP REVITALIZE THE DISTRESSED AREAS OF OUR URBAN AND RURAL COMMUNITIES HAS BECOME ESSENTIAL. MANY OF THE PROBLEMS ENCOUNTERED BY VIETNAM-ERA VETERANS CAN BE PROVIDED FOR THROUGH ENTERPRISE ZONING. ENTEPRIZE ZONE PROGRAMS CAN BECOME THAT NECESSARY OUTREACH TO DISADVANTAGED VETERANS WANTING TO BECOME A PRODUCTIVE PART OF OUR SOCIETY. I FEEL THIS PROGRAM LENDS ITSELF MOST HANDILY TO HOMELESS VETERANS AND THOSE WHO HAVE BECOME SUBSIDIZED ENTITIES. THE POSSIBILITIES AND POTENTIAL OF ENTERPRISE ZONE PROGRAMS ARE VIRTUALLY ENDLESS. AND I HOPE YOU WILL GIVE THESE BILLS YOUR FULL SUPPORT. LET ME COMPLETE THIS SECTION BY ASKING FOR YOUR SUPPORT OF THE FOLLOWING BILLS:

H.R. 812 - THE HOME OWNERSHIP ASSISTANCE ACT OF 1989
H. CON. RES. 37 - MORTGAGE INTEREST DEDUCTION

THE SECOND AREA THAT I WOULD LIKE TO TOUCH ON IS THE EXPLORATION OF INNOVATIVE AND CREATIVE CONCEPTS. THE COMPLEXITIES OF OUR HOUSING CRISIS ARE MANY. SOME OF THE REASONS FOR NOT FULFILLING OUR HOUSING NEEDS CAN BE CONTRIBUTED TO BAD DECISIONS, POORLY PLANNED PROGRAMS OR BY SIMPLY NOT REACTING TO A SITUATION SOON ENOUGH. IN SHORT, MANY OF OUR APPROACHES TO PROBLEMS, NO MATTER HOW WELL INTENDED, SIMPLY DID NOT WORK. THE NEED FOR OPEN MINDEDNESS TO NEW IDEAS HAS BECOME APPARENT. AS AN EXAMPLE, IN THE STATE OF MARYLAND, THE HOMEBUILDING INDUSTRY IN CONJUNCTION WITH SOCIAL SERVICES, AND LOCAL AND STATE GOVERNMENT HAVE BEEN WORKING TOGETHER TO DEVELOP MINIMUM STANDARD HOUSING SPECIFICATIONS. THE CONCEPT CENTERS AROUND THE IDEA OF COLLECTIVE LIVING CONDITIONS. IT WAS FELT THAT A VOID EXISTED BETWEEN RENTAL HOUSING AND A CARDBOARD BOX. COLLECTIVE LIVING MAY, ON THE SURFACE, BE REJECTED AS UNWORKABLE AND WILL LIKELY HAVE ITS PROBLEMS, BUT ON THE OTHER HAND, LIVING IN A CARDBOARD BOX IS WITHOUT A DOUBT DEPLORABLE.

IN CONCLUSION, I WILL SAY THAT HOME OWNERSHIP IS AN AMERICAN DREAM, AND SPECIFICALLY IN THE CASE OF THE VIETNAM-ERA VETERAN. IT IS OUR RESPONSIBILITY TO MAKE AVAILABLE TO HIM OR HER THAT SLICE OF PIE WHICH THEY SO APPROPRIATELY DESERVE. THERE'S ONE FINAL MESSAGE I WOULD LIKE TO LEAVE WITH YOU. ALL OF US HERE TODAY ARE JUST PEOPLE TRYING TO AFFECT CHANGE IN A POSITIVE MANNER. WE HAVE COME TO WASHINGTON, D.C. BECAUSE THERE ARE THINGS THAT NEED TO BE ADDRESSED ON A FEDERAL LEVEL. WE ARE ASKING FOR YOUR ATTENTION AND SUPPORT ON THESE ISSUES.

AGAIN, I THANK YOU FOR THIS OPPORTUNITY.

NEW ENGLAND GAY & LESBIAN VETERANS
PO Box 1392, Back Bay Annex, Boston, MA 02117

CLIFF ARNESEN
PRESIDENT
617/723-8127

RICK BUCHANNON
VICE PRESIDENT - SECRETARY

JOSEPH HARPER
TREASURER
263 PARK ST.
DORCHESTER, MA 02124

TO: U.S. House of Representatives Committee on Veterans Affairs: Subcommittee on Oversight and Investigations

FROM: Cliff Arnesen representing **Boston Gay, Lesbian and Bisexual Veterans**

RE: Health Care Concerns of Viet Nam Era Veterans

DATE: 3 May 1989

Gay, lesbian and bisexual veterans are perhaps the last minority population to be acknowledged. Particularly relevant concerns of our community include: access to care at VA facilities for unbiased treatment for AIDS, Post Traumatic Stress Disorder, substance abuse, homelessness and Agent Orange. Many gay veterans have served honorably, nonetheless have received "less than honorable" discharges. This in turn, effectively precludes us from gaining access to VA benefits, and in particular, the VA health care system.

Given various statistical information (10% Kinsey formula) it can be justifiably argued that there are approximately 4.0 - 4.5 million gay veterans in the United States. Between 1984 - 87 there were 4,316 homosexual related discharges processed. Currently it is estimated that 1,500 - 2,000 individuals are discharged annually because of sexual orientation, with a ratio of three discharges for women to one for men. The cost to the U.S. Government was approximately $22.5 million (recruiting, training) and $670,000 for subsequent discharge processing.

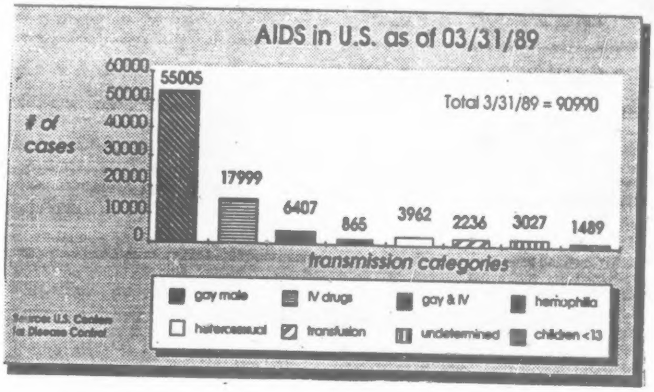
These discriminatory practices and exclusionary policies have been the cause of an inordinate amount of physical and psychological suffering for many gay veterans. This suffering includes: susceptibility to low self-esteem, broken social, personal and family relationships, and acting out of frustration in self destructive ways, i.e. alcohol and substance abuse, which in turn may lead some to engage in practices that would put them at risk for AIDS. This vicious interplay between alcohol, drugs, and behavior is, indeed, a manifestation of the loneliness, alienation and persecution we feel from our hostile society.

To address this alienation and multiple medical and psychological problems effectively, we must build bridges of communication, awareness and education between the military, Veterans Affairs and its gay and bisexual population. To this end, in order to communicate our unique needs, it is necessary to look at the larger picture of the overlapping medical and psychological problems facing gay and minority veterans today.

The VA's 142 medical centers are to be commended in taking the lead for their quality and care of AIDS patients and on their compassionate outlook of this tragic disease. They are well ahead of the private sector in terms of resources and quality of care. The VA treats 6% of the 91,000 plus cases nationwide. This equals 6,000 AIDS related patients who are being treated currently. Additionally, there are between 185 - 190 new cases diagnosed each month. Furthermore, the VA has spent $65 million in clinical and research areas in the care and treatment of veterans. For this, we thank you from the bottoms of our hearts.

Locally, here in Boston, the Jamaica Plain VA Medical Center has cared for two hundred inpatient and outpatient AIDS cases. Of the 200 cases diagnosed, 56 had full blown AIDS; 26 of the 56 have died; 28 of 30 are on AZT; 15 - 20 have low blood counts. Statistical breakdown: 67% are gay; 1% are bisexual; 32% are heterosexual.

Nationally, the percentage rates appear to correlate as well for the homosexual, bisexual and heterosexual populations. National breakdown:


AIDS in U.S. as of 03/31/89

Source: U.S. Centers for Disease Control

The bottom line: more money needed for education, research, drugs and long term care, due to an estimated $1 billion shortfall in medical care funding for this year.

Post Traumatic Stress Disorder symptoms for Viet Nam combat veterans may include: flash backs, anxiety, depression, insomnia, unpredictable explosions of violent behavior, and psychic numbing or emotional anesthesia. That is, diminished responsiveness to the external world and withdrawal. Also, alcohol and drug abuse, and for some, thoughts of suicide. Approximately 479,000 male vets, or 15.2% of the 3.1 million who served in Viet Nam have PTSD. Breakdown ratio: 8.5% of 7,000 females, 28% of 168,000 male Hispanics, 20% of 352,000 male black veterans, and 14% white and other. As these figures indicate, minority veterans suffer the most. Only about 20% of all veterans seek treatment from the VA and only 4% turn to the vet centers for help. Gay vets and other minority groups of vets considered hard to reach have been overlooked in response to needed Congressional mandates for the 195 Federal Outreach Vet Centers. Suggestion: More money and expanded mental health facilities, and a mandate for the treatment of gay veterans.

The physical, psychological and social abuse of illegal and prescription drugs has undermined the very fabric of our nation and threatens a breakdown in the social order of our people and government. For example, drugs are responsible for a breakdown in the family unit, causing a high divorce rate and parent absenteeism. Also, much of the overcrowding in our penal institutions is due to crimes committed to obtain drugs. The overlapping concerns include: the spread of AIDS via IV drug use, and a decreased life expectancy among gay and minority veterans. Nationally there are 20 plus million alchoholics. One half of all traffic deaths are related to alcohol; another 6 million non fatal injuries occur in non highway accidents. The cost: 100 billion plus annually in economic losses attributed to unemployment and reduced productivity; $42 billion annually is spent on related illnesses, property damage, and lost productivity. In terms of illegal drugs, the cost in money and lives wasted is incalculable Suggestion: we need more money, inpatient and outpatient services, halfway houses and long term follow up. To this extent we thank the House and Senate for their passage of Bill S2049 of the Montgomery G.I. Bill, which contained a provision that will extend for three years the VA's treatment of veterans with alcohol and drug abuse problems.

It is estimated that 30 - 35% of the nation's homeless population are Viet Nam era veterans. Again, the overlapping problem here is that a significant proportion of these veterans have alcohol or drug problems and some have PTSD as well. We are grateful that there has been a substantial infusion of funds allocated to the Stewart B. McKinney Homeless Assistance Act. This is good news! However, it is imperative to increase spending for housing construction programs that will allow for affordable housing for veterans and other citizens. Also needed are expanded mental health programs, half way houses, and client follow up.

The short and long term medical and psychological effects of Agent Orange on humans is inconclusive. However, common logic would follow the reasoning that it is a dangerous toxic chemical and could quite plausibly be implicated in the manifestation of certain types of cancer in humans. The this end, no veteran should be denied access to medical treatment while scientific investigations continue.

To be certain, aging veterans will require more care in the years ahead. For example: in 1980 the VA hospitalized slightly over 1 million patients and handled 16 million outpatient visits. In 1988 it hospitalized 1.1 million patients, but outpatient visits climbed to 21.5 million, an increase of 5.5 million outpatient visits. Furthermore, in 1980, 3 million veterans were over age 65; by 1990 the population is expected to increase to 7.2 million.

In order to address the aforementioned issues that affect gay, lesbian and bisexual veterans, we respectfully recommend the following:

MILITARY	The U.S. military or independent civilian or combination research team, such as the Defense Advisory Committee on Women in the Services (DACOWITZ) should investigate and study the policies and methodologies of those foreign countries that have successfully incorporated their gay population into their military ranks. Also, from these findings implement a more pragmatic and humane policy for treatment of gay personnel.
LAWS	The military legal branch should move swiftly to give relief to gay vets with "less than honorable" discharges so they may gain access to medical and mental health facilities for treatment of AIDS and other medical necessities. Also, UCMJ laws dating back over 200 years that discriminate against homosexuals should be re-evaluated to reflect a more liberal policy of inclusion.
VET CENTERS	Access to the 195 Federal Outreach Vet Center is of prime importance for gay and bisexual vets, which at present lacks a clear mandate in this regard. Also, a network of gay liaison counselors should be hired at these facilities to address the unique concerns of our community.
DEFENSE SPENDING	The U.S. will spend approximately $300 billion on defense this year. We have a stockpile of over 50,000 nuclear weapons, enough to deter any foreign aggression. In order to pay for expanded domestic and social programs we must get the money from some source! We recommend the government "cut the fat" out of the military budget and channel and redirect these savings toward human service programs to combat the "war on drugs", build new penal institutions, increase spending for AIDS research and medical care, and build affordable housing to assist the homeless.

In conclusion, many gay, lesbian and bisexual veterans have fought and served bravely in Viet Nam and other wars, and have died on the battle fields of strange lands alongside their heterosexual brothers and sisters. Therefore, we should be treated with decency and considered as equals with other veterans. Our presence here in Washington, D.C. is an attempt to sensitize the larger community to our unique concerns. Also, to try and break down others' preconceived stereotypes and fears, and to educate and create an awareness of the overlapping concerns of gay and minority veterans as we attempt to rectify centuries of discrimination and exclusionary policies and practices of the U.S. Armed Forces. Consideration of these suggestions would truly be a first step toward a "kinder and gentler nation."

Thank you and God bless.

Cliff Arnesen

NEW ENGLAND GAY & LESBIAN VETERANS
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CLIFF ARNESEN
PRESIDENT
617-723-8127

JOSEPH HARPER
TREASURER
263 PARK ST.
DORCHESTER, MA 02124

Gay Veterans:

Fighting Unfair Treatment At The Hands Of The Armed Services

PETER ERBLAND

Cliff Arnesen grew up poor in Brooklyn. He, like many before him, thought that his only avenue of escape was to join the Army. But Arnesen was different because he knew that he was gay and knew that it would eventually cause trouble for him.

In was in 1966 when that trouble finally came. He was given a special court-martial, carrying with it a six to twelve month sentence. He was convicted and sent to the stockade.

While in the stockade, he was threatened with rape and was moved into segregated confinement for the rest of his term. After four months, he was given an undesirable discharge and released.

In the 1970's there was a strong movement to reevaluate discharges in general, and Arnesen appealed for a review. His appeal was granted and his undesirable discharge was upgraded to a general honorable discharge. This entitled him to use the G.I. Bill to go to Bunker Hill Community College. He graduated last June.

After his discharge, Arnesen spent time thinking about the "archaic and despicable" treatment he received at the hands of the United States military. He knew there were others who had suffered in the same way, but it was only three years ago that he discovered an organization that could address both the problems of gays and veterans. It was New England Gay and Lesbian Veterans, an organization that exists to create awareness of, and support for, [redacted].

As president of NEGLV, Arnesen is now doing what he wanted to do all along: reaching out to other veterans who felt ignored by the system. His organization now has over forty members ranging in age from 27 to 54, representing the Korean War, the Vietnam War, and the post-Vietnam period.

Rick Buchanan, the vice president of NEGLV, says of the group, "We share some common bonds. We are veterans who happen to be gay. We have many similar experiences; experiences that other veterans and other gays don't share."

It's hard for many gays to understand why anyone would want to serve in the military, while other veterans do not understand how the military could have let gays serve, Arnesen explains. Now, he is trying to teach both sides the fallacies of these preconceived notions.

To this end, Cliff and the other members of the group been working with the Boston Vets Center, an autonomous offshoot of the Veterans Administration. Sheela Spicer, R.N., of the BVC, has enabled them to establish connection within the VA and act as a "buffer zone" between other gay and lesbian veterans, and the administration.

This referral and networking is a major part of NEGLV's program. It helps veterans, who would otherwise be too scared or alienated, to contact the people they need to talk to.

For example, the government estimates that thirty to thirty-five percent of the homeless are veterans of the Viet Nam war. Many of these veterans feel hostility and fear toward the administration that they see as responsible for their plight. So they often do not receive the care and treatment they are entitled to as veterans. "We are more likely to reach these people than the VA. We are not a threat, and we can refer them to the right organizations. We know what they've been through," Arnesen emphasizes.

New England Gay and Lesbian Veterans also provides outreach for veterans with

continued on page four

Bay Windows • November 24, 1988 • 3

Imprisoned Marines Fight From Parris Island Jail Cells

PETER ERBLAND

One of the projects New England Gay and Lesbian Veterans is working on is the decriminalization and repeal of the anti-homosexual discrimination laws in all branches of the United States armed forces. Known as the Uniform Code of Military Justice, these laws are commonly used to remove homosexuals from the armed services. To this end, they have thrown in their support for corporal Barbara Baum, a Marine who was sentenced to a prison term for sexual misconduct.

Baum, 23, was convicted on charges of sodomy, obstruction of justice, and committing indecent acts with women, at the Parris Island Marine Corps Recruit Training Depot. She was sentenced to one year in the military brig in Quantico, Virginia, on June 10, 1988.

Baum was the first women to have been court-martialed on sex charges in an ongoing investigation at the Parris Island Facility.

Of the estimated forty women on the original suspect list, twelve have had administrative actions taken against them. Of those twelve, seven were charged under the Uniform Code of Military Justice and three were jailed, according to Major Robert McLean, of the Public Affairs Office at Parris Island.

The two other woman jailed were Sgt. Cheryl Jameson and Sgt. Glenda Jones.

Jones, a 29 year old drill sergeant who had been with the marines for 9 years, was charged with conspiracy to obstruct justice, sodomy, failure to obey an order, ob-

continued on page twelve

Sheila Spicer, R.N., of the Vietnam Era Veterans Outreach Center in J.P.

(l-r) Joe Harper, Cliff Arnesen and Rick Buchanan. PHOTO: MARY ANN McQUILLAN

Gay Veterans

(continued from page three)

[redacted]

Earlier this week, Arnesen met with Mitch Finnegan of Gay and Lesbian Health, Sheela Spicer, and Ilonka Thomas of the VA hospital in Jamaica Plain. Together, they started forging the links between the gay community and the VA hospital.

While establishing ties with the local administration and gay community, NEGLV has also been meeting with other gay veterans organizations, including some contact on the international level. While in Australia, NEGLV member Bill Healey met with the Alternative Lifestyles Organization (ALSO) and Gay Vets, a gay veterans group in Melbourne, Victoria. The organizations expressed interest in establishing Boston and Melbourne as gay sister cities. ALSO is involved in creating a gay credit union and a program for caring for elderly gays.

Healey discovered NEGLV eighteen months ago, when he asked at the Boston Vet Center if such an organization existed. He had seen how Veit Nam vets had been alienated by the straight and gay communities, and wanted to do something to break the stereotypes that both groups had. Healey eventually became very involved with NEGLV and went to work for the Boston Vet Center.

One of the other goals of NEGLV is to focus attention on the anti-homosexual discrimination laws currently in place in all branches of the military. To this end, they have thrown in their support for Marine Cpl. Barbara Baum, who was sentenced to a year in confinement for sodomy, indecent acts with women, and obstruction of justice.

According to Arnesen, the sodomy laws "have been in place since Henry the Eighth enacted them. The United States adopted them without a second thought. These archaic and inhumane military laws have and continue to be the source of untold heartache and suffering." The sodomy laws were first enforced in the U.S. in the 1770's. Lieutenant Frederick Enflin, a soldier under General Washington, was officially drummed out of the service on charges of sodomy. Since then, thousands of gay men and women have faced the same prospect, Arenesen adds.

Cliff sees NEGLV reaching out to those veterans, but also to those in prison, and those in hospitals with AIDS. He wants his group to provide the support that other groups have been unable, or unwilling, to support. "Occasionally, I feel like a little fish in a big sea," Cliff said of his responsibilities. "People are so tired of rhetoric. We want to go out and actually do something. The main goal of our organization is to create an awareness within our community anu society; of the presence of gay and bisexual people in all walks of life, and their positive contributions to our culture and the world."▼

news

Lesbian Marines

(continued from page four)

struction of justice, and indecent acts. She plead guilty to all charges, except conspiracy. The conspiracy charge was later dropped and she was found guilty on all other counts.

Jones received a sentence of 14 months confinement, a reduction in pay and grade, and forfeiture of $350 per month for the length of her confinement. Later, her term was reduced to "no more than six months," and the dishonorable discharge she had faced upon release, was upgraded to "bad conduct."

Sgt. Jameson, a 27 year old drill instructor and 9 year veteran, was found guilty of disobeying a general order, fraternization with a recruit, sodomy, and indecent acts. She pleaded guilty and was demoted to private, ordered to forfeit all pay, and sentenced to one year in prison.

Major McLean said that the investigation began when an individual came forward last fall and reported misconduct. When the investigators looked into the the situation, more and more people were indicated. He emphasized that it was not a "witch-hunt."

But the National Gay and Lesbian Task Force has a different opinion. In a press release issued in July, they assert that the investigation into lesbianism at the Parris Island facility was prompted by a report published last fall by the Defense Advisory Committee on Women in the Service. The report mentioned lesbianism among Marine Corps women.

The NGLTF release also quotes Major David Beck, the Marine prosecutor in Cpl. Baum's trial. He asked the jury to sentence Baum "for a large number of years" in order to send "a message, if you will, because a message is going out from your sentence to other Marines in similar situations… that as a Marine of any rank, such conduct will not be tolerated."

McLean denies that the investigation was meant to send out any message to other gays and lesbians in the service. He stated that the military's policy is that "homosexuality is inconsistent with military service. These people broke the law, and faced the consequences." He added that the investigation was one that the Marines "would have preferred not to conduct."

Cpl. Baum's case will be reviewed by the Parris Island base commander, Maj. Gen. Lynch in the next week. Lynch can either reduce Baum's sentence, or let it stand, but can not increase it.

Susan Masling, Baum's attorney, said that normally such reviews are done within days of the original sentencing, but it has been postponed for nearly five months.

McLean claimed the review has been postponed because of the volume of material to review, and the recent reassignment of the previous base commander.

"I still find it hard to believe that I'm sitting in jail as a convicted felon because of my sexual preference," Baum wrote in a letter to Jim Woodward, the Public Affairs Officer of the San Diego Veterans Association. "We are not criminals, we are human beings who only tried to be loved and to love someone."▼

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PO Box 1392, Back Bay Annex, Boston, MA 02117

CLIFF ARNESEN
PRESIDENT
723-8127

RICK BUCHANNON
VICE PRESIDENT - SECRETARY

JOSEPH HARPER
TREASURER
263 PARK ST.
DORCHESTER, MA 02124

Date____________

Dear ____________________:

The New England Gay and Lesbian Veterans (NEGLV) was formed three years ago to further the advancement of New England Veterans without regard to race, sex, creed, sexual preference, national origin, physical or mental disability, or age, with a primary emphasis on gay and lesbian concerns.

Some of our purposes and goals are:
1. To provide an opportunity and atmosphere for veterans to meet together.
2. To promote, organize, and conduct educational programs and activities.
3. To provide support and assistance and make referrals to other organizations.
4. To provide a source of networking to implement these goals and activities.
5. To provide a democratic platform and forum for the exchange and enrichment of experiences, ideas and issues relevant to gay and lesbian veterans.

Some of the most pressing issues we feel that need to be addressed , changed and compassionately and carefully looked at are:
1. Human and civil rights: We call upon the federal government to make an amendment to the U.S. Constitution of a comprehensive Civil Rights Protection Act. This legislation, Bill S.2109 was introduced by Senator John Kerry and cosponsored by Senator Alan Cranston on 28 February of this year. It would protect the civil rights of Americans from discrimination based on effectual or sexual orientation. Also, it would provide criminal penalties for those who obstruct or circumvent these rights. Additionally, we urge passage of bill S.2000 the Hate Crime Statistics Act that would provide and compile information on crimes based on race, ethnicity, religion or sexual and affectional orientation.

We salute you, Senator Kerry and Senator Cranston!

2. The need for equal and fair opportunities for gays in housing, employment, and job opportunities at all levels of federal, state and local governments.

3. A review and upgrading of all U.S. Armed Forces discriminatory policies and procedures that affect gay and lesbian personnel. Also, the upgrading of all less than honorable homosexual related discharges.

4. We are in need of decisive and swift action by the federal government in the form of monies, research, and information to combat the tragic plague of AIDS. Furthermore, we need vigorous testing and the importation of new and inaccessible drugs from other countries, that are not now approved by the Federal Drug Administration.

5. We need expanded medical, mental health care and social services for all veterans suffering from : AIDS, drug and alcohol abuse, homelessness, Post Traumatic Stress Syndrome, Agent Orange, and nuclear fallout.

These issues do not only affect gay folks and veterans, but touch upon the very fabric of our democratic society as well.

We would like to work cooperatively and in concert with your office, staff or organization to bring about public awareness and social change on these important social issues - and to find just and equitable solutions for all.

Any information, services, speakers, or mailing lists you might be able to provide would be most appreciated. If you or your organization have any ideas, suggestions, or comments as to how we might work together please feel free to contact me in Boston at (617) 723-8127.

On a personal note, allow me to articulate some feelings and observations to the larger community: The collective consciousness of the American people view gay men and women with preconceived, archaic, and stereotypical attitudes. That is, we are neurotic and sick, and a "threat" to the physical and moral judgments of their children and themselves. This line of reasoning, fear, and ignorance is illogical and denigrating, and one of the major causes of homophobia in our society.

On the contrary, we are a community of loving people who have graced our history, and that of the world, with many contributions. We are artists, sculptors, poets, writers, scholars, scientists, politicians, statesmen and soldiers. We are the butcher, the baker, and candle stick maker, the policeman, the firemen, the priest, your father, your son, and your sister and brother. In short: **we are humanity! We are everywhere**, but within the majority we are a minority (about 10% of the U.S. population). We have died on the battlefields of strange lands for our country, bleeding the same crimson color blood as everyone else. Yet, we have been persecuted by various churches, organizations, armies, and established institutions. We suffer an inordinate amount of persecution, discrimination, and violence at the hands of an indifferent society.

Because we are treated like second class citizens, we can easily identify with the struggle for equality that other minority groups feel. We are aligned with the principals and doctrines of non violence of the late Dr. Martin Luther King, Jr., except when it come to defending our person and lives.

Society must stop and think before casting the first stone, for in doing so we are fragmenting and shattering ourselves, because **all** of us, gay, straight, black, white, Asian, Hispanic, Greek, Italian, Irish...are **all minorities** that form the brotherhood and sisterhood of human kind. Society must learn from history and not repeat the witch hunts, moral and physical inquisitions and horrors that befell innocent and loving people of the past.

America and civilization can no longer use God and country as a hidden agenda, disguise, excuse, or shield to justify persecution, killing, or violence on moral and ethical grounds, of those who they consider "undesirable." Furthermore, how can we in good conecience ask other governments to enforce human and civil rights when we can't clean up our act in our own backyard!

Americans pull together in times of disaster, pestilence, and war. They are generous in spirit and deed at those times. Why can we not express our outrage as a civilized society every time prejudice and oppression rears its ugly head? I am profoundly saddened every time I hear a story about a black, Hispanic, or Asian family unable to live in a neighborhood of their choosing or when I hear that a gay person has been thrown off a bridge and killed because people only suspected him/her of being "different," and therefore expendable. It is not a crime to love or care for another human being, but it is a crime of conscience and deed to pursue a violent course of action against those who dare to love in a different manner. There are no victors when this happens; only victims. Only by non-violent acts, acts of good will, faith and hope, can we show society that we will not bend nor dignify the barbaric behavior of those whose only "solution" is violence. It seems for these folks, it is easier to draw the gun then to break bread and find common ground.

If we do not start now to find common ground, then when? If not here, then where? If not you, then who? We must never relinquish our identity and God given right to love whomever we please. I am certain that God does not love any of His/Her gay children any less than the rest of humanity. We are all here but for a moment in time - a blink of an eye. **AND THERE ARE NO DRESS REHEARSALS.** As human beings -- we cannot let the dark side of humanity prevail. We all live under one roof, and all of us have our own dreams and fears. All of us have the same needs and wants: the pursuit of life, liberty, and happiness. And perhaps the most fundamental need of all, the need to love and to be loved in return.

How many people must suffer innumerable, immeasurable and permanent damage and scars on their bodies and souls, until we as a people understand that the threat to real peace and love is hatred, violence and ignorance. We do **not** molest little children, we are not all interior decorators, and we do not "lust" after everything that is male and moves. We do go to church, pay our taxes, go fishing, and enjoy the love and dreams of our children and families. We go to the bathroom, have Thanksgiving dinner, laugh, sing, and suffer pain like everyone else. We are no different than the person you see in the mirror. Truly, as a society, we cannot afford to be a house or nation divided, because we all shall loose!

In closing may I thank you for your time and consideration. And leave you with food for thought with the eloquent words of the late, great, First Lady of our country, Eleanor Roosevelt, who said, "No one can make you feel inferior without your consent."

Thank you much, and God bless.

Sincerely,

Clifton F. Arnesen

Clifton F. Arnesen
President

STATEMENT OF JOHN C. KEASLER AND F. STANLEY BERRY
REPRESENTING THE SAN DIEGO VETERANS ASSOCIATION
TO THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION

3 May 1988

The San Diego Veterans Association (SDVA) is a service organization for lesbian and gay veterans and active duty personnel. Its membership includes persons who have served the United States Armed Forces in war and peace times regardless of race, creed, color, gender or sexual orientation.

The SDVA was formed in 1985 to serve the needs of a city with one of the largest concentrations of veterans and military personnel in the United States. The thrust of our organization was to insure that the Armed Services and Veterans Administration Health Care Services created a humane environment for the care of persons testing positive for HIV antibodies, to underscore the special psychological and health care needs of women veterans, and to recognize the contributions of lesbians and gay men in the service of our country.

We are grateful for having been afforded the honor of presenting our testimony before this distinguished committee.

We wish to address four areas of concern to the veterans we serve. They are: (1) The return to an adequate level of funding of the overall Veterans Administration Health Care System. (2) The maintenance of adequate funding to continue the current excellent services for veterans with AIDS and AIDS related conditions. (3) The reform of the Discharge Upgrade process so that those whose service was unjustly characterized as "other than honorable" may have that injustice righted expeditiously and gain access to the health care they have earned through their service. And (4) the elimination of the military's unwarranted and destructive policies of discrimination and harassment against their gay and lesbian service members.

I.

The lag in funding for Veterans Administration Health Care during the past several years has resulted in successive cutbacks in service to veterans.

During the past year in San Diego, all services to the over 12,000 category B and C veterans previously served by our V.A. Hospital were eliminated, the methadone maintenance program for over 100 drug dependent veterans was eliminated and the number of long term skilled nursing beds was cut in half. The Director of our V.A. Hospital has told us that he expects to serve ten per cent fewer inpatients this year than last.

Thousands of World War II, Korean, and Vietnam era veterans are being denied the health care they were promised at the time of their service.

We urge you to support the recommendations of the Senate Committee on Veterans Affairs to provide 618.4 million dollars immediate supplemental funding for the VA health care during the current fiscal year and 1.24 billion dollars in addition to the President's budget request for Fiscal Year 1990.

II.

The response of San Diego's V.A. Hospital to the needs of veterans with AIDS and AIDS Related Complex and HIV infection has been outstanding. The hospital provides a full range of inpatient and outpatient AIDS related medical and counseling services. Early in the epidemic, the V.A. established a close working relationship with San Diego's Balboa Naval Hospital to ensure a smooth transfer of care for patients. Both hospitals have been responsive to the San Diego Veterans Association and have used community resources, including the gay and lesbian community, to provide exemplary care.

We hope that other V.A. and military hospitals will look to San Diego as their model for dealing with AIDS, ARC, and HIV positive persons. But this excellent work would not have been possible without the necessary funding provided by Congress. With the epidemic still spreading, we urge you to ensure that the funding keeps up with the disease.

III.

Through the years, thousands of service members have received less than honorable discharges unjustly or for reasons which today would not be treated so harshly. Among them were many gay men and lesbians who served with distinction, but were caught up in the military's discriminatory policy.

To remedy these injustices, the Department of Defense was required to establish Discharge Review Boards. Many assume that these Boards conscientiously examine each case to arrive at an expeditious and just decision.

In truth, it often takes up to two years from the time an applicant requests their records to the time they get a hearing before the Review Board.

There is no standardization between the Boards of each branch of service. On a percentage basis, the Air Force upgrades three or four times as many discharges as does the Marine Corps. It is not unusual for upgrades to be denied on the basis of some factor which was not even part of the record at the time of the original discharge.

The result is not justice. More often than not, the result is further humiliation and destruction of an honorable person by a board of military officers whose careers have dead ended with an assignment to a Discharge Review Board.

We urge you to:

1) Require the automatic upgrade to at least General Under Honorable Conditions of all Less than Honorable Discharges based on homosexuality in the absence of aggravating circumstances. This conforms to current Department of Defense standards.

2) Establish requirements that ensure that every case is decided within six months of

submission of an application.

3) Create a presumption that the original discharge authority considered all aspects of the applicant's record and considered only those actually cited in discharge documents as the basis for the characterization of the discharge. This would preclude the review board from upholding a bad discharge on grounds not cited by the original discharge authority.

4) To the extent possible, establish standards which, if met, would require the granting of an upgrade.

IV.

The Pentagon spends tens of millions of dollars a year investigating service members for homosexuality. According to a 1984 Congressional report, the taxpayer footed a bill of over 22 million dollars in 1983 for such investigations and discharges. During the past year, the Marine Corps has conducted a relentless witch hunt against women at Parris Island and Camp Lejeune. Last month, they recommended the Other than Honorable Discharge of Captain Judy Meade, a Marine with eleven years of exemplary service, for allegedly "associating with a 'known' homosexual".

The military contends that "homosexuality is incompatible with military service." But they have never produced the facts to support their claim.

During the 1950's the Navy conducted an internal study of homosexuality within its ranks, which resulted in the so-called "Crittenden Report." That report concluded that homosexuality was not a determining factor in suitability for military service. However, in recommending policy, the report stated, "a nice balance must be attained in changes of policy to ensure that public sensibilities are not offended..."

Each year tens of millions of dollars are spent; the ability of hundreds of military commands to perform their missions is disrupted; thousands of highly trained, dedicated service members have their careers destroyed; all to ensure that the "public sensibilities are not offended" by allowing a gay man or lesbian to put his or her life on the line in defense of the American Way of Life.

TESTIMONY
OF
LINDA SPOONSTER SCHWARTZ RN, MSN
DOCTORAL FELLOW
YALE UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH

BEFORE

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
MAY 3, 1989

Mr. Chairman my name is Linda Schwartz. I am a Doctoral Fellow in Health Policy and Resources at Yale University School of Medicine, Department of Epidemiology and Public Health. I am medically retired from the United States Air Force Nurse Corps and have used VA Health Care facilities and programs for my service connected disabilities. I also served as a consultant to the Research Triangle Institute portion of the Congressionally mandated National Vietnam Veterans Readjustment Study. I would like to thank you for giving me this opportunity to discuss the health care concerns of Vietnam Era Veterans.

Never before in the history of this nation has there been a time when economic conditions, health care climate, and the fortunes of war have placed more demands on the Congress and the Department of Veterans Affairs (DVA) to provide for the needs of the men and women who have served in the Armed Forces of our nation. By sheer numbers alone the present population which includes those who served during World War I, World War II, the Korean War, the Vietnam War, and the interim periods constitutes the largest group of veterans to be eligible for care since the program began. Inherent in the present crisis is the increasing cost of health care in the private sector, the aging of the veteran population, and the economic hard times that sickness, injury, and disability can bring to any household in America.

In addressing the health concerns of Vietnam veterans, there are issues which are age specific and issues which are germane to the entire system of VA health care. The recent National Vietnam Veterans Readjustment Study (NVVRS) validates distinctive needs of this generation and provides data which could and should drive the development of long and short term planning for any changes in the present system .

Perhaps the most striking findings in the study were those which indicated that there are almost half a million Vietnam Veterans who still have symptoms of Post Traumatic Stress Disorder (PTSD) that are of sufficient severity to warrant professional care. Even more so when one considers that the highest incidence of PTSD is in the Hispanic (28%) and Black (21%) veteran population. The researchers observed that there were background biological, psychological, and sociodemographic predisposing factors which could explain the high rates in these minority veterans.

One cannot escape the inference that these findings are highly suggestive of a causal link with "Project 100,000 " the governments attempt to fill the military ranks and alleviate unemployment by recruiting and wavering men into the Army who were physically or mentally incapable of passing the required service physical exams. The hundreds of thousands of minority men, who were brought into the Armed Forces through that program, may now constitute the neediest of our veteran population.

The NVVRS also substantiates the correlation between PTSD and drug and alcohol abuse. The complications of a "dual diagnosis" brings treatment and resource issues into question. The key to successful treatment of the overlay of a substance abuse and psychiatric diagnosis is a coordinated plan that addresses both problems. How does the present system treat a Vietnam Veteran with PTSD and a substance abuse problem ?

Many veterans assert and even VA administrative staff admit that in areas of the country treatment available for PTSD patients with substance abuse problems is inadequate. In some facilities here is no detox available, the patient is routinely admitted to the In-Patient Psychiatric unit, treated with psychotropic medications and discharged with no follow up after the DRG allotted length of stay.

The inadequacy of this treatment approach was graphically portrayed in our eastern Connecticut community last year. Within hours of discharge from a VA Hospital with no provisions made for follow up care, a Vietnam Veteran with PTSD shot and injured four people including his wife and killed himself. While violent acts command our attention, one has to marvel that this system of care which pioneered our understanding of the dynamics of PTSD has failed to standardize and implement it's own research findings and treatment recommendations.

Even larger question emerges when one considers the rising incidence of AIDS associated with drug abuse. Clearly the increased numbers of drug related AIDS cases have implications for the VA system and its resources. The VA reported in October 1988 that the mortality rates for drug related deaths in Vietnam Veterans continues to rise. Recent reports from the Department of Health and Human Services have also indicated a rise in new AIDS cases now being treated in VA facilities. Because the cost of care is so overwhelming in the civilian sector, there is good reason to believe that eligible veterans with AIDS will eventually seek help from VA sources. How prepared is the system to handle the increased costs and resources needed to care for these patients ? Is the system prepared to implement the President's Commissions on AIDS recommendation that drug abusers be given treatment on demand ?

Of equal concern is the unresolved issue of cancer in men and women veterans. While the issue of "Agent Orange" as a causative agent of soft tissue sarcoma and other cancers remains in dispute there is no doubt that veterans are suffering from the devastating ravages of the physical process. Isn't it time we stopped debating the merits of one research study over another and turned our attention to the real issue - care for the veteran ?

Unfortunately, the rates of cancer in women veterans which was documented in the 1985 Louis Harris poll to be twice the rate in the civilian adult female population go unnoticed. If you examine these rates of cancer in women veterans of all ages you will find the differences even more striking. For example the rate of cervical, ovarian, and uterine cancers in women veterans were found to be 45% while it is 9% in the rest of the female population. Skin cancer is 16% in women veterans compared to 2 % in the civilian population. Given the fact that the VA has funded research to study the dreams patients have after a psychotherapy session, is it unreasonable to ask in the name of our 1.2 million women veterans that they look into this problem as well ?

There are also some standard operating procedures for the VA which seem logical until you consider the special needs of the population it serves. For example, a combat Vietnam Veteran with shrapnel still lodged in his chest cavity was recently told that the X-Ray films which showed the original position of the object had been destroyed in accordane with a VA standing policy of destroying records over 5 years old. The importance of tracking the shrapnel to discern any movement which might endanger the lung, mediastinum, or heart was sacrificed by this policy. The transient nature of the VA medical staff sometimes creates a situation in which it is impossible to see the same physician for any length of time which underscores the importance of keeping accurate and complete records for reference and quality care for the veteran. Rather than a blanket policy, there is need for a case by case evaluation of the process to ensure that no veterans life is endangered by a regulation or policies.

If the present system is any indication of the response to the individual care needs of veterans, there is cause for alarm and concern. Patients with PTSD are waiting 12-18 months for inpatient care, patients with physical and neurological problems are waiting 3-6 months for appointments, patients that do receive appointments have been known to wait hours to be seen by a doctor, patients with combat incurred orthopedic and surgical injuries are being told they can't be treated within a 100 mile radius of their home and that they will have to wait 8 months for transportation for care to the nearest VA facility to be arranged.

VA Nurses report that there is a scarcity of even the most basic of supplies such as hypodermic needles, lubricants, soap, and dressings to care for patients. There have been cases in which patients are being readmitted to the hospital because there are insufficient funds to purchase maintenance doses of their medications. Nurses also report that staffing on units is inadequate and that nurses are being assigned to specialized units like the emergency room, and oncology units with no orientation. At the same time there are reports of increasing patient levels of acuity, there plans to save money by cutting RN, LPN/LVN, clerical, pharmacy, and respiratory therapy positions. Is this the system of care that Congress and the American people envisioned for it's veterans ?

Where is the quality ? Where in the private sector would these circumstances be considered acceptable treatment ? Where is the "Benefit" of being captive, by nature of your injury, disability or income to a system that is so remote, so uncaring, and so unresponsive to individual needs ? We hear that these measures are being implemented because of budget constraints, shifts in priorities and increasing demands for care.

Perhaps the overriding concern of all veterans is the question of how the VA will take care of them should they need to use these services. Because the cost of health care, including long term care, and insurance has become so expensive, many eligible veterans are and will continue to look to the VA for relief. The difference in the "means test" of income levels for VA eligibility ($15,000 -$18,000) and Medicaid eligibility (s$5,574- $7,133) encourages veterans to seek care in VA facilities. Already the need to create more long term care beds, has been seen as a question of trading PTSD care facilities including the Outreach Centers for the needs of the aging veterans population. No generation of veteran should have to compete with another generation for their Congressionally authorized entitlements, rights or benefits.

Presently there is a belief that care for older veterans is an either - or decision between the VA or Medicare. These options do not have to be mutually exclusive. In a time of limited VA resources, it seems valuable and prudent to study an inter-agency interface with Department of Health and Human Services much like the one that exists with the Department of Defense . While some may fear that this is another case of robbing Peter to pay Paul, it would be important to identify those areas in which one system may reimburse services not recognized by the other. With the ultimate goal in mind of providing quality, holistic, efficient, and cost effective care to all veterans in need. Another advantage would be that either on paper or through a system of credits, the VA could be reimbursed for its services which would also facilitate requests for additional funding.

The converging forces of the high cost of health care, large numbers of eligible veterans, and the realities of budgetary constraints have precipitated a crisis in the VA heath care system. The development of a strategy in which Congress can implement the mandate of the American people to provide for veterans can no longer be delayed or improvised.

It is ludicrous to suggest that money can be saved by not buying medications, supplies, and linens. Where is the "honor" of having veterans wait 3-6-8-18 months for care that is easily available in the civilian sector ? How compassionate is a system that abandons patients in need of treatment and care ? Sadly, this seems to be the standard of care under the present circumstances. The VA has a long and honored history of service to veterans but it is increasingly evident that the problems in America's health care delivery systems also threaten to compromise this mission.

The present crisis in VA health care requires decisive measures. It is time to part the curtains of political rhetoric and embellishments and assess the actual status of the system. In other words we need to "Deal in Real". What everyone wants-- veterans, Congress, veterans organizations and the American public-- is a system that provides quality, effective, efficient health care. Try as we might, we can not ignore the fact that we presently do not have an adequate system . Indeed, the members of this committee are to be commended for your commitment and relentless attempts to secure additional funding to stave off the current crisis.

Unfortunately additional funding will only delay the inevitable, not solve the problems. We have learned from the British National Health System that it is impossible to provide all the "free" services consumers demand. Eventually the benevolent intentions of the American people to provide care to any veteran in need, will also become impossible. The current efforts to control costs and maintain quality care in the private sector have generated standards, measurements, and analysis methods to determine efficiency, competence and cost benefit of health care delivery systems. These approaches seem equally appropriate for a multi-billion dollar care system in which every taxpayer is a share holder. Now is an opportune time for this Committee to convene a panel of experts from the private sector to study the present system. We need answers to many essential questions that have remained unanswered.

Where is the accountability for the care of a veteran? Who evaluates the quality, effectiveness, and efficacy of the care that is provided ? Do we know how much it really costs to care for a veteran in this system ? How does the cost of care actually compare with the quality and cost of the same care if it were provided in the private sector ? How much of the health budget goes to direct patient care? How does that compare with the cost of administering the programs ? How can we better serve the needs of our veterans?

I have come here today on behalf of my fellow veterans - - the blind veteran that waited with me 5 hours to be seen by a doctor, the Vietnam Veteran Nurse who's baby was born with cancer, the World War II veteran so crippled from lack of medication he could hardly talk, the veteran who " blew himself away" - and for the veterans who everyday depend upon the VA for their care. I have come in the hope that these observations, which are tempered by my 23 years of professional experience as a Registered Nurse and the knowledge that I have gained through my education, which was funded by the Veterans Administration, will move this Committee to take corrective actions to improve the system. I believe that there are numerous ways in which this system can better serve the men and women who served this nation.

Statement of Dr. Erwin Randolph Parson

IMAGE 2001: ECONOMIC RECOVERY AND FUTURE PUBLIC IMAGE OF VIETNAM VETERANS

Testimony presented before the
Congress of the United States of America
The One Hundred and First Congress
Subcommitee on Oversight and Investigations
of the House Veterans Affairs Committee
The Honorable Lane Evans,
Chairman
Cannon House Offices Building
Washington, D.C.
May 3, 1989

Congressman Lane Evans, members of the Committee, distinguished guests, ladies and gentlemen. It is an honor and privilege indeed for me to testify before you today on the important subject of the readjustment of Vietnam veterans and the Vet Centers. My name is Erwin Parson, a veteran of the Vietnam War, clinical psychologist and psychoanalyst. I have studied the effects of war trauma upon the mind of veterans, and the impact of manifest psychological and biological symptoms on the veteran's self, family, friendships, as well as on his/her occupational functioning and view of the future. I have been instrumental in building conceptual models and treatment strategies for trauma survivors for well over a decade now. In addition, I have served as expert in jury selection, forensic examiner and witness for both the defense and prosecution in cases involving post-traumatic stress disorder (PTSD). I have also published my work in a number of national and international professional, scientific, and popular journals, books, and magazines. I have also had the good fortune of being conferred upon a very special honor, **The Key to the City**, by the Mayor of the Capital City of Des Moines, Iowa for my contributions to the healing and recovery of Vietnam veterans.

In contemplating the focus of my remarks for this testimony, I asked myself a number of questions: "At the average age of 40 to 42 what does the overused word, "readjustment" mean in reference to Vietnam veterans?" "Is the word appropriate today, or should we seek another word or term to better capture the reality of veterans' lives, struggles, conflicts, and adaptations?" "What are the most pressing concerns facing Vietnam veterans and their families at mid-life?" "What about the Vet Centers, have their current structure and organization outlived their usefulness to meeting to continually emerging problems of veterans and their loved ones?" As I though some more I asked, "What about the public image of the Vietnam veteran and its power to impact profoundly upon the veterans' view of themselves and employers' perception of the Vietnam veteran as a favorable employee?" And, "What does the Research Triangle Institute's study, "The National Vietnam Veterans Readjustment Study" findings do to the contemporary and future public image of Vietnam veterans?"

I will address each question in this testimony employing knowledge of the research on Vietnam veterans over the past 15 years, information in the clinical literature, and data gleaned from listening and learning from Vietnam veterans in both my psychotherapy practice and non-clinical settings. I think when we listen to what Vietnam veterans are saying about their lives and aspirations for the future we often arrive at very different conclusions than those propagated in the popular media, in "**Rambo**"-type action movies, or even in past and recent scientific reports on Vietnam veterans and PTSD.

My intention in this testimony is to point out issues and concerns of Vietnam veterans which I believe are germane to the future life-structure of Vietnam veterans. The new battle, as I see it, is not against a physical enemy, but against subjective and negative collective sentiment about the value of the Vietnam veteran to our society both today and in the future. This negative sentiment takes many forms.

These issues and concerns converge to one burning and urgent consideration: **the present and future public image** of the Vietnam veteran. The reason for this focus is simple: **image is everything**. And if there are skeptics, I need only point out what a bad image has done to large, significant corporations in this country and abroad. We know that a bad image has ended many promising and successful careers: businessmen and politicians and others know this very well. Well, when it comes to Vietnam veterans (after all they have become public figures in their own right) we can apply the same principle: a bad image is detrimental to veterans' contemporary lives and to their futures. This is a statement of fact, and we need to discuss it more. Social and behavioral scientists, psychotherapists, counselors, and other healthcare providers need to be called to task on this issue. We need to say(and truly mean it) to those who unwittingly present and propagate the harmful image of the **poor, helpless, sick, and dejected (P-H-S-D)** Viet veteran, **"Enough, knock it off!"**

For the past few years we as a nation have made it our business to encourage our young people to "Just say 'No'" to practices that are harmful to themselves and to others. I believe that the American people through the Congress of the United States must demonstrate equal courage and resolve and **"Just say 'No'"** to any individual or organization who seeks funding for continued **"image-bashing"**, negative research on Vietnam veterans. There are many social and behavioral scientists and and practitioners who are making their careers on keeping the P-H-S-D image of Vietnam veterans alive and "doing well." As a behavioral scientist myself I am aware of the tendency in the profession to "go where the dollars are." It seems for the past several years, because of the relative availability of funding to investigate the so-called "readjustment problems" of Vietnam veterans, many professionals are virtually coming out of the woodwork of anonymity and obscurity into the limelight of our culture--**at an exorbitant price** to the veteran's **image**. I want to be clear about this and not misunderstood. I have no problem with professionals doing well, but I do have a problem with professionals contributing to the prejudicial view of the **anomalous veteran**. We need to be very careful not to unwittingly propagate negative images of the Vietnam veteran, and exercise good judgement in this regard.

As a professional healthcare provider and Vietnam veteran myself, I am keenly aware of the secondary problems veterans with PTSD experience. These problems have been catalogued in the public media since 1972 when a New York Times "Op-Ed" article ("Post-Vietnam Syndrome") discussed the symptoms of a syndrome. This article and others listed the following problems among veterans, which predated the DSM III's 1980 diagnosis of PTSD: hypervigilance, problems in intimacy, anger, irritability, rage, alcohol and drug abuse, high unemployment, authority relations difficulties, tendency toward explosive and violent outbursts ("walking time bomb"), alienated, isolated, having cynicism, marital and parenting difficulties, distrust, tendency toward total loss of control and consciousness ("flashbacks"), lack of a sense of direction, and on goes the list. This **publicity of disturbance in Vietnam veterans** produced a profoundly paradoxical effect: it educated the public to the consequences of psychic trauma, while at the same time eroding veterans' credibility. It is very clear to me that those observers engaged in public education concerning the psychological and social symptoms in Vietnam veterans in the late 60s and early 70s were pioneering in their insight and sensitivity to Vietnam veterans. But simply because observers had noble intentions in entering veterans' postwar problems into the public arena, was not sufficient to shield these veterans from the **social, political, narcissistic, and economic "fallout"** that came with this publicity.

This negative publicity impacted deleteriously upon the image of the Vietnam veteran. Employers ran the other way--away from the Vietnam veteran. One veteran reported that during the early 70s,after serving in Vietnam,he sought employment at a business firm. On his application he had indicated service in Vietnam. The interviewer told him that his having served was bad for business, and that he should take a bit of advice from him--"**never tell anyone about that in the future!**" Business people have no rapport with people who have bad images. Employers and the American culture at large had differing responses and reactions to the P-H-6-D image of the veteran. Two Harris polls conducted in 1971 and 1980 were instructive. The first poll found that whereas the public's view of Vietnam veterans was generally negative, a significant percentage of employers polled (86%) view these veterans in a favorable manner and felt business should do what it could to assist them in finding meaningful employment. The second poll, almost ten years later, revealed an inverse public-employer attitude: employer's positive regard had dropped to 32%, while the public's interest and sympathy had markedly increased.

Many Vietnam veterans were elated to discover their problems had a basis and could be placed in some conceptual framework that helped them and society make sense of their responses. Society had now progressed from social rebuke and chastisement for losing the war to creating a new climate of acceptance. This climate set the social and political stage for a proliferation of research investigations of veterans' so-called "readjustment" problems. These research findings had some merit but they pointed in only one direction--down, in terms of the image of the Vietnam veteran. I asked myself another question: "Why is it that research findings on most non-veteran populations are **confined** to the scientific journals (where they belong), but findings on Vietnam veterans become **grist** for public consumption?"

As a psychoanalyst I have been trained to pay attention not only to surface issues and concerns of my patients, but to also seek an understanding of underlying and less obvious motivational forces as well. As a result of this professional training, I have some notion of how and why collective motives of a nation are organized to protect its psychological self from the anxiety that comes from a recognition of truths too painful to face. America is still unwilling to face itself, and, because of this, there is continual collective psychological need to keep the **symbols of national failure** in a position of inescapable failure without redemption. The symbols of national failure to which I refer are **Vietnam veterans**. What I am really saying is that America's collective psychology defensively creates a climate of "**discrediting the witness,**" to use a phrase used by my colleague, Dr. Paul Camacho. America may still be reluctant to learn about Vietnam from the **witnesses** themselves. America unconsciously needs to perpetuate **the anamolous veteran myth.**

In great contrast is the experience of World War II veterans: they were allowed to bear witness and were never discredited by this country. Because they were all perceived collectively as heroes, irregardless of whether they were in combat or in some office on a Stateside military post, they were able to gain control--and I mean control--of the symbolic marketplace of American cultural life. I am talking about control over such nebulous, amorphous--but very politically, economically, and psychologically powerful--words and concepts such as "patriotism," "100% Americanism," and "the national interest." As Dr. Camacho points out in his contribution, "Symbolic Definitions and the Control of Patriotism in the Future of the Veteran's Lobby," those who control "the symbolic sphere of cultural life" are the one's who will ultimately control the less intangible goods and services. I seriously doubt that Vietnam veterans will ever succeed in taking charge of the "symbolic sphere" if image-bashing (through nationally publicized PTSD research that focus only on psychopathology and sociopathology and never on the strength and positive attributes of veterans) is not recognized and ended by veterans themselves. As I indicated before image is everything. And this fact of cultural life is known well by Vietnam veterans in business, government, and industry who would like to join their fellow Vietnam veterans in the new battle for change and social, economic, and political empowerment. But they stay away--outside of the debate. Why? They are unwilling to risk their self-esteem and careers to the pervasive bad image scenario. Many of these successful Vietnam veterans would do more to assist their fellow comtants to build successful careers (not just jobs). When the image of the Vietnam improves, these veterans will participate more fully. I believe that they are helping now, but will help even more. The bad image "campaign" is patently unfair to the majority of men and women who served their country with dignity and honor.

We know that words are powerful implements: they determine ideas, shape attitudes, influence emotions that often lead to policy formulation and implementation. I want to address a word or concept that needs to be examined for its inadvertent connotations that harm veterans' image. I am referring to "readjustment." The continued use of this word goes beyond the notion of a misnomer. For the word become just another cultural ploy (mostly unconscious) to keep Vietnam veterans young and politically underdeveloped and immature. We need to examine this word for the multiplicity of ways it contributes to negative self-concept and to low self-esteem in the Vietnam veteran. The word denies veterans maturity. It tells the veteran, "You will never grow up. You will never mature. Therefore, you cannot be trusted to control the symbolic sphere of cultural life and attendant tangible goods and services." I am aware that these are difficult things to talk about; I know people will become defensive and upset. But if we are to begin to take the Vietnam veteran seriously, take note of his/her contributions, and convince the traditional veterans lobby, the government, veterans themselves, and the nation as a whole that Vietnam veterans are capable of taking leadership responsibilities, we need to face hard issues. The word "readjustment" also suggest that traumatic effects of war should be seen only in terms of short-term solutions, giving the erroneous perception that Vietnam veterans are readjusting to who they were as late adolescents. Let me be more specific here. "Readjustment" is harmful because it blocks our view that the effects of war impacts the entire life cycle. The fact that war effects the entire life cycle is a phenomenon not widely understood since very little research was conducted on the long-term effects of war on World War II veterans. Actually, the few studies conducted on these veterans were confined to the pages of professional and scientific journals and book chapters. The results of these studies were not broadcast on the major television networks (or any minor ones). Why? At the risk of being redundant, I believe it's an issue of image. Heroes are never subjected to research whose findings portray them as **disturbed**. The powerful traditional veteran lobby and the American people would not support any such research!

We need to remember that 40- to 42-year-old veterans **cannot readjust**: they cannot go back to being adolescents. No one is granted that luxury. Life goes on, and I believe it is time for society to appreciate veterans' potential for growth, competency, and self-efficacy. Its little wonder why so little respect is accorded Vietnam veterans: "readjustment" is **regressive**, Vietnam veterans need to assume a **proactive** stance. This means that words like this one should be substituted for more proactive, positive words, since words mean so much. Among the words and concepts I would recommend to substitute for "readjustment" are **"lifeline" and "life-structure."** Thus, such phrases as "readjustment problems," "readjustment conflicts," or "readjustment counseling" could become **"lifeline problems," "life-structure conflicts," or "lifeline counseling."**

Now, a word about the **Vet Center Program**. As the former Regional Manager for 23 Vet Centers in New England, New York State, Puerto Rico, and the U.S. Virgin Islands and advocate for this alternative system of care for Vietnam veterans and their families, I have and continue to support the Vet Center Program. There has been a lot of debate in the past few years about the need to take a second look at the Program to ensure it is **keeping pace with veterans' life-structure issues**. And, a very critical life-structure issue is **image**. To the extent the Program incorates proactive notions in terms of lifeline **developmental** needs of Vietnam veterans, I continue my support, and I believe the American people will continue support as well. However, if lineline developmental (**growth-focused, independence-enhancing**) concerns of Vietnam veterans--such a values, work, quality of life, generativity issues (need to leave a legacy), empowerment (psychological, social, economic, and political), and leadership--are not being addressed forthrightly and made integral to the counseling process, there is need for serious concern. For the lifeline needs of Vietnam veterans have changed during the ten years of the Vet Center Program's existence. There is thus a legitimate need for programmatic **shift** in accomplishing the developmental demands of **maturing** veterans. At the mid-life years I believe that **instrumental counseling** (that is, counseling geared to **action**) is required. Counseling for the sake of counseling, or counseling for the sake of **feeling good** is questionable since veterans' lifeline needs may not be satisfactorily and proactively met. Staff must be mindful of what they convey to the media about clients' lives.

The Congress is to be highly commended for supporting the vital healing initiatives to serve Vietnam veterans over the past decade. The Legacies study of 1981 helped Vietnam veterans and those who served them to better understand war-related conflicts. Many studies have followed. The positive public climate of relative acceptance toward Vietnam veterans has been good for veterans. I would like to see this continued and this is why it is important that the image of the Vietnam veteran enter into the debate. The 1980 DSM III's "post-trauamtic stress disorder" diagnosis has gone a long way in helping veterans (and other survivors) to receive the care they deserve. I am also aware of what many of my patients have been saying to me regarding the impact of "PTSD" and related scientific findings of these large-scale epidemiological studies. They tell me the publicity surrounding these findings deeply affect how they see and feel about themselves; they talk about the impact of these findings upon their children's perception of them as fathers. PTSD research findings placed in the public arena that focus exclusively on problems (and no strengths) **hamper** veterans' image of **themselves** and negatively impacts their sense of worthiness and competence.

I believe that as we approach the year 2000, Vietnam veterans will assume positions of greater responsibility **(and respectability)** for leadership in government, business, industry, and in the moral and ethical domain. The talent pools exist today among Vietnam veterans. I hold that it has been the bad publicity that has detracted from the positive potential of these veterans for America.

When corporations get a bad image they always do something about it. I urge my fellow veterans, the Congress, and the traditional veterans' lobby, to do what they can to improve the image of Vietnam veterans. Many Vietnam veterans I have met over the years have acquiesced to the bad image of the **damaged** veteran--a persistent image coming in a "disguised" form from what I refer to as **"the PTSD readjustment industry."** Unless this industry takes the healthy, adaptive behaviors of veterans into consideration, the negative publicity so pervasive today borders on exploitation. This industry, like the cinema industry and the popular media, has contributed to the sensationalism of veterans' pain. These industries usually give nothing back. We hear the argument justifying this exploitation of veterans: "We want to help Vietnam veterans; they have been unfairly treated in the past. The public airing of their "readjustment problems" will result in more public awareness and more needed programs." Here is the fact that dispells this myth. The more **negative, harmful** publicity pertaining to Vietnam veterans, the **less (not more)** funding sources will see these veterans as worthy of their investments. The public does not invest in people depicted as **losers**, with little or no redemptive qualities, strengths, and talents. The public invests in people who they believe will give something back in the future. The Wall Street crowd speak of ROI (i.e., "return on investment"), a concept of relevance here as well.

It is obvious that the cinematic and media industries continue to distort the Vietnam veteran in the minds of the American people. Film is a form of communication, and it communicates a false image that serves to undermine the recognition of Vietnam veterans as people who can integrate into American mainstream. Films such as "First Blood", "Rambo," "Missing in Action," "Red Dawn," "Street Trash," etc. The Vietnam veteran is always portrayed as an "exotic type," which "ends up victims of the mass produced images--they are crazy or sick; they become damaged goods" ("The Future of Patriotism: The War Film, the Cinema Industry and the Vietnam Veteran Movement," by Dr. Paul Camacho).

In my estimation Vietnam veterans over the years have been **manipulated** by the media. First, they were tagged as **social deviants** and now as **psychological anomalies**. In this regard I am reminded of a 1957 statement by the psychoanalyst Eric Fromm. I think it is relevant here. He wrote: "Things can be dissected without being destroyed; they can be manipulated without damage to their nature; they can be reproduced. "[However] Man," he continued, "is not a thing. He cannot be dissected without being destroyed. **He cannot be manipulated without being harmed**" (my emphasis).

Several weeks ago ABC-TV's "Nightline" focused on 4 to 8 Vietnam veterans who had returned to Vietnam for healing and recovery. It portrayed a number of powerful imagery that took me back to the negative images of the "cry baby," "baby killer," "walking time bomb," etc. The images portrayed were disgraceful and infinitely harmful to veterans. Atrocities were discussed openly, and a number of activities and rituals were aired that belonged within the psychotherapy ward or office, **not on national television for public consumption**. I felt I was snooping in on somebody's private psychotherapy session. A patent disservice to veterans and to the public was the fact that these men portrayed on the show were mostly patients being treated for PTSD in an inpatient psychiatric unit. The public should have been told this. Instead, these patients were presented as though the public was likely to meet one of these men working next to them at their jobs the next day. So far I have discussed some of the ways we harm veterans' image. Now, what can be do about it?

Public recognition of Vietnam veterans' patriotism needs to be emphasized. For when it comes to this issue as well as the "national interest" and "Americanism," no other veteran knows more about these than the Vietnam war veteran. When Vietnam veterans speak about these issues today people listen, because it is well known that the hallmark of patriotism is loving one's country despite its injustices, homecoming abuse, and institutional neglect by this country. Vietnam veterans love America, and I would like to see the media and the cinema industry report or depict this fact to the public.

I maintain that Congress can help the image of Vietnam veterans in many ways. First, I recommend the suspension of any support for PTSD research that focuses **exclusively** on disorder and illness. I **do** recommend, however, scientific investigations that highlight the strengths of Vietnam veterans, and how these strengths can be harnessed between now and the year 2000. This kind of positive research would look into the veteran's combat experience to determine not only the degree of combat exposure, but to investigate what veterans learned in the war zone about themselves--courage, resiliency, courage under fire, friendships and knowledge about human closeness, teamwork, leadership, maturity, dedication, commitment, toughmindedness, knowledge of the dialectic between life and death, what it means to survive, problem-solving insights and behaviors, etc. Many of the names on the Vietnam Veterans Memorial here in Washington, D.C. are there because a soldier of the Vietnam War placed himself between a bullit to save a friend. We know that greater love has no man that to lay down his life for his friend. This and many other **heroic** patterns of behaviors and **human** acts should become the subject of current research. We need to know more about what happened in Vietnam, beyond the popular accounts. We, therefore, need the Vietnam veteran to **witness** as to what really happened and the powerful lessions learned individually and collectively. **I support meaningful research that strives to elevate the image of the Vietnam veteran.** My experience as consultant on Wall Street has taught me that a lot of learning took place in Vietnam. And a number of successful Vietnam veterans give Vietnam the credit (not for problems) for the business insights, decision-making skills, and resilience they learned in the **tempering experience of Vietnam combat.** We need to know more about these skills and how they are being utilized by veterans today to improve the quality of the American workforce.

Secondly, I would like Congress to support short public relations ads on radio and television promoting the Vietnam veteran to employers and to the public in general. I am really talking here about marketing the Vietnam veteran. Thirdly, I recommend that Congress continue or begin to support a number of excellent programs around the country that promote the positive image of the Vietnam veteran. I will list a few of them.

1. **The William Joiner Foundation.** This is public charitable organization, an initiative of Vietnam veteran businessmen, philantropists, artists, health-

caregivers, activists, sholars, and friends. The Foundation refines the image of Vietnam veterans through humanitarian and charitable initiatives to heal the wounds of war in America and Vietnam.

2. **The Full Circle Project (FC)** of the William Joiner Center for the Study of War and Its Social Consequences (at the University of Massachusetts at Boston) is an initiative for healing and recovery for Vietnam veterans service providers. Under the co-directorship of **Kevin Bowen** and **David Hunt**, the **Center** and the **Joiner Foundation** offer an unusual opportunity to veterans to help test empirically the often-heard claim that going back to Vietnam the second time around aids integration and healing from the War. This study will send two groups of Vietnam veterans back to Vietnam. The Project is coordinated by **Jaime Rodriguez**, and, as the Center's first Visiting Professor in War and Its Social Consequences, I serve as Chief Project Investigator.
3. **The Living Memorial Program** of the New York Vietnam Veterans Leadership Program, Inc. extols veterans' potential for workforce excellence in performance. It essentially combines **lifeline counseling** (to mobilize veterans' inner strengths to overcome emotional blocks related to war's "unfinished business) and **career management training**. This approach help built careers **with a future**, and builds on veterans' **past military experience**.
4. **New York State Department of Labor's** State Veterans Programs, under the administrative leadership of veteran **Richard Weidman** offer tangible and valuable assistance to finding meaningful employment and building careers for veterans statewide. This is achieved through systematic counseling, consultation, and training. These Programs find coherence through a basic philosophy that respects and values veterans' past contributions and their aspirations for the future, as demonstrated in part in the provision of an **"800" number** and a **"Veterans Bill of Rights."**

Fourth, I recommend outcome studies on the efficacy of extant treatment regimes for war-related psychological and social conflicts in Vietnam war veterans. To date, after all these years, there is **not** even one large-scale outcome study. I think it is time to move from the **disorder-oriented, illness-immersed** models of VA and Congress-supported studies to **treatment-efficacy** models that measure veterans' strengths and how these can be harnessed to enhance the treatment enterprise.

Fifth, I recommend an outcome study or studies on the Vet Centers in the very near future. The American people need to see to what extent the Vet Center service delivery system is producing **real and lasting benefit** to Vietnam veterans and their families. The fact is that no one knows for sure. The "sacred cow" status of these Centers needs to be reviewed as to their efficacy, not just in terms of the **need**, as so many studies--to include the recent RTI study--have indicated. If the need is so great, and available American dollars are few and getting fewer, then it makes sense to me that determining optimal efficacy is paramount.

Sixth, I recommend that Vet Centers be required to include a more systematic approach to **lifeline counseling** which incorporates veterans' maturing needs as people over 40 years of age, as well as their aspirations for the future. Such counseling would deal not only with Vietnam's emotional "terrain", but also with veterans' need to **grow beyond Vietnam**, to achieve a **sense of worthiness and competence** in their lives. Lifeline counseling with Vietnam veterans is to be goal-directed and focused on outcome--**on results, the bottom line.**

Seventh, I recommend an investigation into the still on-going and pervasive allegations among Vet Center Black staff--at all levels of the system--of systematic racism and discriminatory practices of the Vet Center Program. Perhaps the Subcommittee on Oversight and Investigations would be the appropriate investigatory avenue to resolving this problem.

Eighth, I recommend that Vet Center policy (with substance bolstered by **action)** guarantee appropriate, culturally-informed **outreach** to minority Vietnam veterans --**Black, Hispanic, American Indian, and Asian-American,** and commit to **recruiting** qualified staff representative of these groups. Minority Vietnam veterans tend to have more lifeline problems, according to research evidence, and since their help-seeking behavior differs from others', special efforts to outreach to them and provide an ethnoculturally balanced staff to serve them is very important.

Ninth, I recommend support for a Congressional initiative in the form of two Bills by Senator **Spark Matsunaga** (D-Hawaii): **1.** To conduct and epidemiological study on Asian-American/Pacific Islander Vietnam veterans; and **2.** To create a position of an Assistant Secretary to play an advisory role for ethnic minority veterans within the Department of Veterans Affairs.

Tenth, I **strongly urge** the Congress to support a critical and **related** Bill (to Senator Matsunaga's) by Congressman **Charles Rangel** (D-New York). I am referring to **Bill H.R. 2096** that designates an **Assistant Secretary** of the Department of Veterans Affairs as **Chief Minority Affairs Officer.** **"The Rangel Bill"** would also provide for **Deputy** positions which represent **each** ethnocultural group of Vietnam veterans. Given the recent and historical reports on the preponderance of lifeline war-connected problems in minority veterans, and the VA's on-going indifference and nonchalance to the needs of minority veterans, this Bill would ensure a more diligent and appropriate response from the VA.— I would add this: the position of Chief Minority Affairs Officer would need to have **line authority** in the Department if he/she is to be effective in this Department role.

I also emphasize the need to improve the image of minority Vietnam veterans. If Vietnam veterans as a group have an image problem, then minority group veterans have an even greater difficulty and challenge in overcoming negative stereotypes and images that degrade them in the media, in some PTSD research, and in society as a whole. Programs that seek to promote healing, while enhancing veterans' self-esteem, self-confidence, morale, self-respect, and self-efficacy are deserving of Congressional support.

Mr. Chairman, as you are aware, there is a lot at stake here. America needs Vietnam veterans today and in the coming years as the workforce shrinks, gets "greyer," and the economy shifts from manufacturing to a service-oriented industry. A better image for the Vietnam veteran is a better image for America and America's future leadership. **Thus, our continued investment in veterans is not only good for business, but it's good business for us all to be in. Thank you.**

Dr. Erwin Randolph Parson

Visiting Professor in War and Its Social Consequences
The William Joiner Center
University of Massachusetts at Boston

The Black Vietnam Era Veteran and Prospects for Institutional and Structural Change

Testimony of Ron E. Armstead
Candidate for Master's Degree of City Planning
Massachusetts Institute of Technology

&

Research Associate @ the William Joiner Center for the
Study of War and Social Consequences
University of Massachusetts, Harbor Campus

Mr. Chairman, members of the House Committee of Veterans Affairs, Sub-Committee on Oversight and Investigation, my name is Ron E. Armstead, and I am a Research Associate at the William Joiner Center and the Coordinator of a National organizing effort called the National Black Veterans Network, which consist of a number of Black veteran organizations, individuals and groups across the country.

During the past 15 years I have been actively involved with the issues of Black veterans on a number of levels, the college campus; community based organizations; the Veterans Administration Operation Outreach/Vet Center program; and the Congressional Black Caucus Legislative Weekend. I have worked in a number of capacities ranging from Acting Team Leader; Contract Officer Technical Representative; Co-Chairperson, Black Veterans Working Group, Readjustment Counselor; Crisis Team Member; Regional Trainer; National Workshop Presenter and Conference Coordinator.

The Post Vietnam history of Black Vietnam era veterans (VEV) is a legacy of group suffering and struggle to attain goods and services, stability and understanding, parity and equality, peace and social justice and last, but not least recognition and representation.

History of Participation with the Congressional Black Caucus (CBC)

In 1983 I and a number of Black veterans had attempted to establish a meaningful dialogue with Black congressional representatives due primarily to the lack of redress at both the federal Veterans Administration (VA) and Vet Center levels. Throughout this six year period I have coordinated two workshops (1985 & 1987), and participated in a third in 1988. The purpose of this effort was to establish a forum for Black veterans, families and friends to gather and discuss their concerns. Also to participate in collective problem-solving, consensus-building, interfacing with congressional staffs and making recommendations geared to improving the overall efficiency and effectiveness of the delivery of services to Black veterans, families and the Black community at large.

In the six short years since these workshops have been initiated approximately 300 to 400 Black veterans, family members and supporters from all over the country have come to participate. The demographics of the audience participants and panel of experts reflect a diversity and broad cross-section of the Black population. Thus, providing a rich and comprehensive view point through which to analyze present issues and concerns of the Black veteran population.

On the other hand, a number of Black veteran organizations have presented testimony advocating for the ongoing need for more representation at the federal and state decision making levels. Also for intervention by the CBC with respect to policies that amount to benign neglect. Black veteran organizations have continuously focused on the need to establish pluralistic institutions that parallel traditional veteran organizations to maintain their sense of identity and address their own particular needs and circumstances.
In many instances these Black veterans are members of existing Black post within traditional veteran organizations enjoying the privileges of dual membership.

* Over the past decade the number of women entering the armed forces has tripled: Black women make up a disproportionate number of those women-28.9% of all women in the military in 1984 and 42% of the women in the Army. More studies are needed to ascertain the implications of the growing number of Black females entering the veteran ranks.

* By 1992 Black Vietnam era veterans will be the largest cohort of the Black veterans population

* In general the southeast states have the greatest concentration of Black veterans, followed by the northeast and the industrial midwest. Note however, that this is contrary to the shifting geographical pattern in the overall veterans population.

* About one of every five Black veterans has never attended high school, some 29.4% of all Black veterans had at least some college and approximately 10% of the Black male veterans have graduated from college as of the end of March 1980.

* Among both male and female veterans, blacks were less likely than nonblacks to have attended college and more likely to have only an elementary school education.

- The median income of Black male veterans lags behind that of males of white and other races. Among male veterans 40-54 years of age, the median income of those of white and other races was about $20,000, while for Blacks of similar age this figure came to only $14,000 - $16,000, the median income for Black women was lower than that for women of white and other races.

- Black female veterans were out of the labor force to a much greater degree than were male veterans regardless of race.

Each one of these statistical figures holds multiple meanings and implications for both the future of the Black veteran collectively speaking and the Black community as a whole. Take for example the issue of unemployment and lower educational attainment. Chances are that by the year 2000 when the service sector economy has firmly taken hold that structural unemployment among Black veterans will have reached crisis proportions. Due primarily because of the changing economic base and employment skills required for jobs and the higher levels of education needed in a technologically advanced society.

Although these facts suggest that the long term implications in the 1990's and into the 21st century are dismal. Many Black veteran advocates, organizational managers and planners view these statistic's as representing both conflict and opportunity. Conflict in the sense that traditional systems in place to respond to the needs of Black and minority veterans are being overwhelmed, under funded and/or eliminated. Opportunity in the sense that new initiative are being created and implemented to respond to emerging areas of need. An example of this can be seen with regard to the homeless crisis facing veterans nationally. In Boston, Brooklyn, Buffalo, Pittsburgh, Seattle and Los Angles Black veterans are organizing non-profit groups, partnerships and community development corporations. For the purpose of providing social services and developing affordable housing of three basic types:

(a) single room occupancy
(b) half-way house or therapeutic community model
(c) affordable housing units or apartments

Black veterans are exploring new models of organizing, utilizing their own resource capacities, and expanding their own opportunity frontiers. These efforts should be supported, nurtured and funded as alternative models and modes for the fuller re-integration of Black veterans into the community development process.

Vet Center Program

The Vet Center program was established to address a number of VEV problems, but there remains serious problems in the area of program philosophy and programmatic structure that serves to mitigate against it's mandate to service the Black Vietnam veteran and the Black family members of VEV's.

While offering to provide readjustment counseling to Black veterans it is commonly argued amongst Black staff members (behind closed doors), and former Black staff members alike, that Blacks are being systematically phased out of the program through a series of guises. Many Black team leaders are being scrutinized through the use of subjective standards of evaluation. That apparently are implemented in a most arbitrary manner. Thus Black veterans within the program are induced to seek legal recourse in their own self-defense. Currently there are a number of pending legal and equal employment opportunity actions around the country. Further I predict that if tangible steps are not taken to curb administrative abuses, harassment and arbitrary decision-making, that a class action suit could be forthcoming. This would be both regretful and painful to the entire VEV population and the VA in particular.

On the surface administrative/management abuses appear to be singular and/or isolated incidents, but a pattern has emerged that can no longer be ignored. This might seem like an indictment of the Vet Center program, but what Black veteran advocates are in fact pointing to is the lack of institutional commitment, safeguards and mechanisms in place that serve to promote and protect their rights under the equal opportunity laws.

The following is a partial list of Black Vietnam era veterans concerns with the existing Vet Center program services and administration:

1) **Black contract fee provider insufficiency.** One of the central shortcomings of the program is it's unwillingness to extent contract fee services opportunities to minority vendors. Whether in cities with large percentages of minority populations that stand in direct contrast to Vet Center staff compositions contracts for good and services are not awarded. Secondly, in those cases where Black professionals and/or organizations are awarded a contract, referrals for services are unacceptably low.

2) **Black staffing patterns.** The Vet Center program to date has failed in it's mandate to recruit, hire, retain, and promote Black's within the program. All to often one hears the allegation that "blacks don't apply for jobs"; "blacks don't have the degree required for promotion"; "blacks with the appropriate qualifications are not veterans"; and the list goes on. In a number of cases this might or might not be true, but let us consider why this has become a reoccurring problem. For example, in Boston of the entire white staff hired during my tenure, not one was hired as a direct result of answering an ad placed in the local newspaper. All hires came as a result of referral through a social network, and more importantly personal contact and encouragement.

3) **Black community outreach.** Theoretically, the Vet Center program was initiated to conduct outreach in order to bring in hard to reach VEV's. It has since come to be viewed as sorely neglectful of it's original mission with respect to the Black community. Furthermore, it has reverted to a new tactic for the sustaining of numbers of clients to prove it's operational creditability. The tactic to which I refer is "that of going to the Veteran Administration Medical Centers/Medical Information Service (MIS) and requesting the list of all VEV's in the hospital and making casual contact for the purpose of a recorded visit". There are two ethical questions that this practice rises:

   a) With figures running around 20% for Black veterans in the Boston Veteran Administration Medical Center (VAMC) this reflects a small proportion of Blacks who are already motivated toward seeking services, and as such would receive services with or without the assistance of Vet Center personnel. However, more important, is the misplaced focus of attention being paid to the hospital population and negative correlation to broader issues involving Black community outreach.

   b) Within the VA medical centers, the department of social work services has the primary responsibility for servicing patients while in the hospital setting. This includes discharge planning, and making referrals to the Vet Center and other community based organizations for aftercare. In a worse case scenario this can conceivably be viewed as a sophisticated way of double dipping (i.e. counting or recording). once by the hospital and two by the Vet Center.

4) **Cultural and racial sensitivity.** The clinical staff of the VA and the Vet Center continue to be overwhelmingly white and middle class. It has become legend among many Black veterans that white clinicians are ill-prepared to deal with Blacks who are aggressive and/or outspoken. Also those who simultaneously express willingness to address issues of racism within the treatment dyad. The other major issue in this regard is their low level of understanding of:

   a) Black culture and history

   b) Black community infrastructure and resource networks

Thus compounding the problem of providing the optimal degree of services, in addition to enhancing treatment outcomes.

5) **VA-Regional Medical Education Centers (RMEC) training and expenditures.** In the interest of the Black veteran VA-RMEC should be reviewed and monitored to evaluate whether or not educational expenditures are being made to upgrade skills levels around issues of race, class, gender, and cultural understanding. Of paramount concern here is the continuing battle around the control of events that are funded in part or wholely by RMEC. RMEC's tendency is to control, appoint and delegate who can

speak, who is an expert, and how training sessions about Blacks should be defined in terms of process and content. Needless to say, this is viewed as both a subtle and overt attempt at curtailing any sort of constructive criticism of the VA's practices, at the expense of expanding professional capacity to work within multi-racial and multi-cultural therapeutic relationships.

In speaking to these problems directly and with a degree of candor, we must begin to critically analyze the present functioning level of the Vet Center and VA programs with respect to Black and minority veterans patterns of utilization.

Community Development and Black Veteran Organizations

Despite the crisis in the VA nationally, due to the budget reductions, increasing health care cost, an aging veterans population, the epidemic of aids, personnel cuts and nursing shortages. There are signs that Black veteran community based organizations are supplementing services and preventing minority veterans from falling through the service delivery cracks. By developing organizational strategies that are contributing to the resolution of social problems in a number of Black communities.

Conclusion

In conclusion, I and many other Black veterans are of the like mind in stating "that we can no longer give unconditional support to the Vet Center program and/or the VA". Unless a major review of policies, programs, operations and management analysis are undertaken emphasizing and/or incorporating a Black perspective.

Second, the call to arms to save the Vet Center and the VA's budget must be separated from the issue of internal review and restructuring. Thereby allowing for a systematic assessment of (5) critical areas:

1) Black staffing patterns in the Vet Center, and the management and professional services levels of the VA.

2) Outreach into the Black community

3) Denial of contract fee provider opportunities to Blacks, including consultants, trainers, and lecturers.

4) the absence of Blacks at the regional manager and central office levels of the Vet Center program

5) professional training and education opportunities focusing on race, class, culture and gender related issues.

Thirdly, during my tenure with the Vet Center program I had the dubious distinction of being Co-Chairperson of the Black Veterans Working Group and producing a report of the same name during the early eighties. The report contained specific recommendations with regard to Black veterans and the Vet Center program. From the perspective of a Black veteran and planner the report is considered a "blueprint for action". Yet, it has never been received enthusiastically. Nor has it enjoyed administrative support from the national administrator office level.

Yes, Black veterans understand the nature and dynamic of paternalism, as well as good intentions. However, 8 years of program growth and grassroots support have left many among the Black veteran rank and file confused and frustrated by the constant barrage of double standards and double messages. We want to help service Black veterans and their families, but we see Blacks in the program being systematically weeded out! We want Black input, but we see no Blacks in regional or central office positions with decision making authority. We're interested in learning about Black veterans, yet no expenditures have been made over the past eight years by RMEC to examine issues of race and culture. The list goes on...

When will our comrades in arms in Vietnam, and administrators, managers, politicians and policy makers at home realize that Black Vietnam era veterans are:

1) A human resource they can ill afford to waste, neglect or underutilize.

2) Are a part of the solution, not just the problem.

Recommendations

1) Support Congressman Charles Rangel's legislation to establish an Office of Minority Veteran Affairs within the VA

2) Support the establishment of a Black Veterans Advisory Group to the VA, similar to that of Women and Native Americans

3) Conduct a series of Minority Veterans Oversight Committee Hearings around the country to ascertain to what extent minority veterans are experiencing difficulty both within and outside the VA/Vet Center programs

4) Support and encourage Black congressional membership on the House Veterans Affairs Committee as a tangible step toward the inclusion of and advocacy for the Black veterans.

5) Conduct a random sampling of the Vet Centers and VA's located in the 100 most populated Black cities in order to ascertain the following:

@ the Vet Center level:

a) number of Blacks in Professional services
b) degree to which Blacks are involved as consultants to VA professional services
c) number of Black contract fee providers
d) barriers to Black veterans receiving services

@ the VA level:

a) number of Blacks in Professional services
b) degree to which Blacks are involved as consultants to VA professional services
c) extent to which VA contracts with Black community agencies
d) intensity of program utilization by Blacks

@ the Post Traumatic Stress Disorder Unit level:

a) proximity to major and moderate Black communities or areas
b) degree of Black staff
c) extent of Black community support
d) use of Black consultants

@ the RMEC level:

a) extent of expenditure for racial and cultural sensitivity training and instruction
b) degree of self-initiated programming, workshops, seminars, symposiums, etc...geared to educating about the needs and issues of minority veterans
c) on-going monitoring of RMEC expenditures to minority related educational or informational activities

7) Support research specifically related and focusing on Blacks, Hispanics, Native Americans and Asians leading to policy formulation, planning, implementation and evaluation

8) Support the continuation of the Veterans Upward Bound and Veterans Education Opportunities programs

9) Support direct funding to Black and other minority veteran community based organizations

STATEMENT OF
SUSAN H. MATHER, M.D.
CHIEF, WOMEN VETERANS PROGRAMS
VETERANS HEALTH SERVICES AND RESEARCH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
HOUSE VETERANS' AFFAIRS COMMITTEE
MAY 3, 1989

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here this morning to testify in connection with your oversight into the concerns of Vietnam era veterans. I am speaking on behalf of the VA Advisory Committee on Women Veterans, of which I am the Executive Secretary and an ex-officio member representing the Chief Medical Director.

As you know, Mr. Chairman, women veterans now number over 1,200,000 and make up 4.4 percent of the veteran population. The nearly 263,000 Vietnam era women veterans constitute 22 percent of the total women veteran population.

The VA Advisory Committee on Women Veterans was established by the Administrator of Veterans Affairs in April 1983 and later mandated by statute, which was enacted the following November. The charter membership included four women who had served in Vietnam including the Chair, Colonel Lorraine Rossi, USA, Retired. The current Chair, Frances Shea-Buckley, Rear Admiral, USN, Retired, also served on the hospital ship, the USS Repose, in Vietnam. The creation of the Advisory Committee was a response to the release of a General Accounting Office (GAO) report on women veterans (GAO/HRD/82-93 September 1982) which found that action was needed to assure that:

- men and women have equal access to VA treatment programs and medical facilities,
- women treated in VA facilities receive complete physical examinations,
- needed gynecologic care is provided,

- sufficient plans are made for the anticipated increase in female veterans, and,
- women veterans are adequately informed of their benefits.

In the six years since the report was released, the Advisory Committee has monitored VA's progress in complying with the GAO's recommendations. The Advisory Committee's 1988 Report to Congress included a "report card" which found that the VA had successfully dealt with all the recommendations of the GAO. In relation to Vietnam era veterans, it is important to note that the Committee specifically mentioned the GAO's finding that the Veterans Readjustment Counseling Program had addressed the needs of women veterans. Even in 1982, staff were being trained in counseling women veterans and were performing outreach to women veterans.

As you know, Mr. Chairman, the Readjustment Counseling Service (RCS) administers the nationwide system of 194 community-based outreach and counseling sites -- Vet Centers -- designed to address the needs of Vietnam era veterans. Women vietnam era veterans were early identified as a client population with special needs. The Women Veterans Working Group was established by the RCS in 1981 and its first report to the Director of RCS stressed the importance of training Vet Center counselors regarding the military experiences and clinical needs of women Vietnam veterans. Outreach strategies for women veterans was also an early focus of the Group.

The Working Group is currently concentrating on a number of projects scheduled for completion during FY 1990. These include a new training course for all Vet Center counselors; the publication and dissemination of a training pamphlet entitled, "She Served Too" regarding the Vietnam experience; use of special treatment methods; and, development of specific issues and outreach strategies for contacting women veterans. The Group is also working on a staff recruitment brochure and a public relations information letter. A women's Vietnam veteran resource library has been assembled for public and VA use; and, networking of women Vet Center employees is being encouraged.

In FY 1988, Vet Centers saw nearly 112,000 Vietnam era veterans of which over 1,500 were women, and furnished nearly 9,000 visits to women veterans out of a total of over a-half million veteran visits. Approximately 150 Vet Centers have special outreach projects to women veterans underway, including organized mailings, educational presentations, booths at conferences and state women veterans meetings. VA Vet Centers currently employ 216 women staff members including 19 team leaders, 60 counselors, and 137 office managers. This represents 33 percent of all Vet Center staff.

In the 1986 Report to Congress, the Women's Advisory Committee lauded the inclusion of an over-sample of women in the Readjustment Counseling Service's study of Post Traumatic Stress Disorder (PTSD) and emphasized its support for a study of women who served in Vietnam to include the possible adverse effects of exposure to the herbicide, Agent Orange.

The National Vietnam Veterans Readjustment Study found that 8.5 percent of the 7,000 women Vietnam theater veterans (610 individuals) currently have PTSD. In addition, another 560 women have enough previous symptoms of PTSD to suffer severe social and occupational impairments although they do not currently meet the full diagnostic criteria for PTSD. The study found that 73 percent of women veterans with PTSD have had at least one mental health care contact in their lives and 55 percent made such a visit in the past year. About half of those seeking care in the past year used VA facilities, indicating that women Vietnam theater veterans are more likely to use VA health care facilities than their men counterparts.

The Advisory Committee on Women Veterans continues to be concerned about the Women Veteran Vietnam Experience Study. Originally, the sum of $2.3 million was programmed for the study in FY 1989. However, with the addition of physical and psychological assessment procedures to the protocol, the full cost of the study is expected to be over $8 million. The Office of Technology Assessment is planning to advise the Congress, in the near future, of its assessment of the study protocol.

The Advisory Committee has also continued to stress the need for outreach to women veterans because women do not identify with their veteran status to the same extent their men counterparts do. There is some evidence that the identity problem is less common in women Vietnam era veterans than in their World War II counterparts. However, there is considerable evidence that women seek medical solutions to problems more readily than do men and this characteristic allows them to seek VA services once they become aware of them. Because of the population served, VA medical facilities will always have a somewhat masculine atmosphere, but this can be muted by conscientious efforts on the part of staff. The Advisory Committee members have noted this as they have traveled to various facilities. The Committee will be meeting at the VA Medical Center in Minneapolis, MN, later this month where they will visit a Vet Center and will be looking at programs for women veterans, and, both staff and patient attitudes toward women veterans.

The Women's Advisory Committee has adopted a slogan, which obviously applies to Vietnam era veterans, as well as those who served before and after, it is: "Women are veterans, too." VA is committed to equity in the provision of care and to heightened awareness everywhere, to the fact that "Women are veterans, too."

STATEMENT OF
KENNETH R. FEINBERG
SPECIAL MASTER IN THE
AGENT ORANGE LITIGATION
BEFORE
HOUSE VETERANS AFFAIRS COMMITTEE
MAY 3, 1989

Mr. Chairman, Members of the Committee, thank you for asking me to appear before the Committee today. As you know, I am the Court-appointed Special Master in the Agent Orange product liability litigation. I assumed this role in 1984, when Federal Judge Jack B. Weinstein appointed me to assist in reaching a settlement of the Agent Orange case and thereafter to assist the Court in developing and implementing a plan to distribute the assets of the settlement fund. I appreciate the Committee's invitation to testify at this hearing, and would like to use the opportunity to address two matters. First, I will give a brief report on the progress in distributing the settlement fund. Second, I want to share with the Committee some disturbing information about the Administration's apparent position toward the compensation that Vietnam veterans and their families receive from the settlement fund.

As you know, the Agent Orange litigation was settled in May 1984 for a total of $180 million. Distribution of the settlement fund was delayed by numerous appeals. The Supreme Court rejected the final appeals in June 1988. By that time, the settlement fund had grown to approximately $240 million. On July 5, 1988, immediately after the Supreme Court's decision, Judge Weinstein issued an opinion that established the final plan for distributing the settlement fund.

The distribution plan has two major elements: (1) the Agent Orange Veteran Payment Program, which will provide cash compensation to needy Vietnam veterans and their families through the end of 1994; and (2) the Agent Orange Class Assistance Program, which will make grants to organizations that provide social and medical services to members of the class. The Court allocated $170 million to the Payment Program and $52 million to the Assistance Program. Dennis Rhoades, the Court-appointed Executive Director of the Assistance Program is here and will report to the Committee on the Assistance Program's activities. I will briefly report on the Payment Program's progress in distributing cash compensation to Vietnam veterans and their families.

The Payment Program began operations late last summer. The Court sent a letter to every individual who had indicated an interest in participating in the distribution of the settlement fund. The letter described the distribution plan and the eligibility criteria for receiving cash compensation from the Payment Program. Recipients who thought they might be eligible for cash compensation were asked to return a postcard requesting an Application. At the same time, the Special Master undertook a major effort to publicize the distribution plan so that as many eligible individuals as possible would learn about the benefits available from the Payment Program.

Ultimately, nearly 300,000 people received the letter from the Court. Nearly 80,000 returned the postcard requesting the Application. Still more requests are received every day. Nearly 30,000 people have submitted Applications, although not all of these Applications are complete. Applications are being processed as quickly as possible. Those that are complete are being evaluated for eligibility and payment. Individuals whose Applications are not complete are being asked for additional information or documents.

To date, the Payment Program has distributed compensation to approximately 2,000 disabled Vietnam veterans and survivors of deceased Vietnam veterans. In total, nearly $4,000,000 has been distributed. Applications are being processed as quickly as possible and additional payments are being distributed each week. We estimate that within the first year, approximately 3,100 survivors and 20,000 disabled Vietnam veterans will receive compensation from the Payment Program.

That brings the Committee up-to-date on the implementation of the Payment Program. Now, I would like to take a minute to address the federal government's treatment of compensation that Vietnam veterans and their families receive from the Payment Program. Specifically, I want to talk about the possibility that individuals who receive compensation from the Payment Program would have certain federal benefits reduced or "offset".

As the Committee knows, late last year Congress passed and the President signed legislation that prohibited the Veterans Administration from counting compensation from the Agent Orange settlement fund as income for purposes of determining an individual's eligibility for or amount of veterans benefits. This session, Rep. Hochbrueckner and Sen. Moynihan have introduced legislation that would extend this protection against offsets to all federal or federally-assisted needs-based programs.

It is my understanding that the Department of Health and Human Services (HHS) would like to support this type of legislation. This is extremely significant because HHS includes the Social Security Administration, and Social Security (SSI) payments probably account for the largest potential offsets. Based on HHS' position, OMB sought comments from various federal agencies, including the Justice Department and the new Department of Veterans Affairs. The Justice Department, with the apparent acquiesence of the Department of Veterans Affairs, has taken the position that those totally disabled Vietnam veterans who receive some compensation from the Agent Orange settlement fund should not be protected from losing their governmental benefits. (This information about the Justice Department and VA position is detailed in articles in the Nashville Tennesean, which I have attached to this testimony and would like to have made part of the record.)

Mr. Chairman, this is a most unfortunate situation. The individuals who will be receiving compensation from the Payment Program are long term totally disabled Vietnam veterans and the survivors of deceased Vietnam veterans. The amount of compensation that each individual receives will be modest. For instance, maximum compensation for disabled Vietnam veterans is $12,800 spread out over six years. Maximum survivor payments are $3,400. In short, the Payment Program will provide a small but important benefit to extremely needy Vietnam veterans and their families.

The government's own statistics show that the total fiscal effect of offsetting Agent Orange benefits would be small -- approximately $8 million dollars over the six year life of the Payment Program. At the same time, the impact on individual recipients would be crushing. Mr. Chairman, I assure you that no individual will receive a windfall from the Agent Orange settlement fund. In fact, as Sen. Mitchell pointed out in the Senate Hearings last year, the only windfall we are talking about is the windfall that the federal government would reap if it were allowed to offset and recapture the veterans' recovery from the settlement fund.

Under the circumstances, it is deplorable that the Justice Department and the new Department of Veterans Affairs will not support legislation to protect the compensation that individuals receive from the Agent Orange settlement fund. This is particularly true because the agencies that would do the offsetting want to support the legislation. If the federal government is able to offset the modest sums paid to individuals under the Payment Program, the outcome will be that many of the disabled and needy people who receive compensation would get no net benefit. The settlement funds would essentially be paid to the federal government. This would be tragic result for the Agent Orange litigation.

The Justice Department's inflexible position will only anger Vietnam veterans and add fuel to the controversy over the government's treatment of those who served in Vietnam. Even more disappointing is the "hands-off" attitude of the Department of Veterans' Affairs. In one of the attached articles a VA spokesperson is quoted as saying that the Department "wouldn't be commenting on legislation affecting other agencies or departments." I simply do not understand the VA's position. Part of Congress' purpose in elevating the Veterans' Administration to cabinet status was to enhance the agency's ability to advocate veterans' interests in Administration policy-making. In one of the first tests of the Department of Veterans' Affairs' new role, the VA appears to be standing idly by while distressed and needy Vietnam veterans face additional undue hardship.

Mr. Chairman, given this Committee's mission, I wanted to bring this matter to your attention. It is our hope that the VA and the Administration as a whole will see the wisdom in supporting legislation to protect Vietnam veterans and their families who will receive compensation from the Agent Orange settlement fund.

Once again, let me thank the Committee for the opportunity to appear at this hearing, and I will be happy to respond to any questions.

Nashville, Tenn., Tennessean
March 17, 1989

Agent Orange payments penalize welfare recipients

JOE ATKINS
Gannett News Service

Washington news

WASHINGTON — After three heart attacks, a stroke, diabetes and skin rashes, Vietnam veteran Terry (Tank) Lanford, 42, figured he could use the little boost in income from an anticipated Agent Orange compensation payment.

That was before Lanford, of Greenville, S.C., who is totally disabled, learned his impending compensation payments may cause him to lose part of the $6,000 a year in welfare payments that are the sole income for him, his wife and two children.

Lanford is one of an estimated 5,500 veterans who could lose government benefits from a $170 million Agent Orange legal settlement.

Approximately 250,000 Vietnam veterans have applied for compensation under settlement of a class action suit against seven chemical firms that produced Agent Orange, a chemical defoliant used in Vietnam. Health problems caused by the chemical formed the basis for the veterans' suit.

"The vets went out and did what the leadership said to do and we suffered the consequences," said Lanford, a former truck driver who is not sure how large his Agent Orange compensation will be. "We feel, 'Hey, we did what you told us to do. It is time for you to take care of us.' "

Between 40,000 and 60,000 veterans and the families of deceased veterans could receive up to $12,800 each from the settlement that ended an 11-year legal battle. Although the agreement was reached in 1984, it took until July for a distribution plan to be worked out.

"Unless there is legislation to change it, that [Agent Orange compensation] would be counted as income and would affect SSI payments," said Frank Battistelli, spokesman for the Social Security Administration, which oversees the supplemental income program. "For some, it might reduce it. For some, it might make them ineligible."

A bill proposed this month by Rep. George J. Hochbrueckner, D-N.Y., would exempt Agent Orange payments from any "means-testing." Sen. Daniel Patrick Moynihan, D-N.Y., has introduced similar legislation.

"Means-testing" refers to regulations that reduce or eliminate government assistance to recipients with other sources of income.

Calling the $12,800 ceiling on the Agent Orange payment "a pittance," Hochbrueckner said, "It would be an injustice to allow the federal government to reap a windfall from the Agent Orange claimants' hard-won compensation."

Some 5,500 recipients of the Agent Orange payments stand to lose benefits they receive from other means-testing federal programs such as Social Security, Medicaid and Aid to Families With Dependent Children.

Hochbrueckner last year helped pass legislation preventing Agent Orange payments from causing recipients to lose disability and pension benefits as veterans.

The government refused to participate in the Agent Orange settlement, saying it is immune from liability for injuries suffered in war.

Ken Feinberg, a Washington attorney in charge of distributing the money from the Agent Orange settlement, said: "The idea that the court would award this money — $3,000, $4,000, $12,000 — to a needy Vietnam veteran, only to have the government discount by that amount … what they would otherwise get … is a tragedy," he said. ■

Washington news

NASHVILLE, Tenn., TENNESSEAN
April 1, 1989

Agent orange

Veterans shouldn't be exempt from welfare standards: Justice

JOE ATKINS
Gannett News Service

WASHINGTON — Totally disabled Vietnam War veterans receiving payments because of exposure to Agent Orange shouldn't be protected from losing corresponding benefits from federal welfare programs, a top Justice Department official says.

In a March 9 letter, Assistant Attorney General Thomas Boyd urged rejection of legislation to exempt Agent Orange payments from the standards used to determine benefits to recipients of Medicaid, Supplemental Security Income, and Aid to Families With Dependent Children (AFDC).

These welfare programs place restrictions on the amounts of outside income a recipient can receive.

"Briefly, there continues to be no good scientific evidence linking exposure to Agent Orange with any adverse health effects in the Vietnam veteran population," Boyd said in his letter to Richard Darman, director of the Office of Management and Budget. "There is no reason for Agent Orange payments to be treated any differently than awards in any other tort case."

Between 40,000 and 60,000 of 250,000 applicants are expected to receive up to $12,800 each as a result of a $170 million settlement of a class-action suit against seven chemical firms. The firms were producers of Agent Orange, a chemical defoliant used by the armed forces in Vietnam.

All recipients of the payments must be totally disabled and must have been exposed to Agent Orange during service in or near Vietnam between 1961 and 1972.

An estimated 5,500 of the compensated veterans stand to lose Medicaid, Supplemental Security Income money and welfare support because of regulations that limit the amount of income recipients of those programs can have.

One man who stands to lose money is disabled veteran Terry (Tank) Lanford of Greenville, S.C. He has been notified he will receive an unspecified amount from the settlement, but he worries it might jeopardize some of the $6,000 in Social Security payments that are his and his family's livelihood.

"I am trying to work within the system to get [the payments], trying to be a good boy," said Lanford, 42, who has suffered three heart attacks, a stroke, diabetes and skin rashes over the years. "If they could take that money and come up with a cure and treatment, I would love to see it go there than for myself. It would be a gift from God."

Rep. George Hochbrueckner, D-N.Y., who introduced a bill to exempt Agent Orange payments from "means-testing" by welfare programs, this week called Boyd's letter "disturbing" and noted that Congress last year exempted the payments from similar rules covering assistance from other Department of Veterans Affairs programs.

"Congress has already gone halfway for Agent Orange vets, and I believe we have the support to further this protection to all means-tested programs," Hochbrueckner said. Sen. Daniel Moynihan, D-N.Y., has introduced a bil in the Senate similar to Hochbrueckner's.

The federal government refused to participate in the settlement on the grounds that it is immune from liability for injuries suffered in the course of war.

Boyd's March 9 letter came in response to Darman's request for opinions on whether the Agent Orange payments should affect "means-tested" programs. Darman issued the request because of the Department of Health and Human Services' support of efforts to exempt the payments. The department oversees welfare programs.

Boyd said the exemption "concerns benefit programs which affect both veterans and non-veterans, and discriminates against non-veterans in an unjustifiable way."

Justice Department spokesman Loye Miller said neither the department nor Boyd wished to comment further.

"We simply just don't have any comment on that letter," Miller said.

VA spokeswoman Donna St. John said her department isn't getting involved: "We wouldn't be commenting on legislation affecting other agencies or departments."

Washington attorney Ken Feinberg — the court-appointed special master in charge of distributing the Agent Orange payments — said a failure by the federal government to provide the exemption would be "a tragedy." ■

Agent Orange Class Assistance Program
P.O. Box 27413
Washington, D.C. 20038-7413
(202) 289-6173

Testimony of

DENNIS K. RHOADES

EXECUTIVE DIRECTOR
AGENT ORANGE CLASS ASSISTANCE PROGRAM

Before the

SUBCOMMITTEE on OVERSIGHT AND INVESTIGATION
COMMITTEE on VETERANS AFFAIRS
U.S. HOUSE of REPRESENTATIVES

MAY 3, 1989

Good morning Mr. Chairman and members of the subcommittee. My name is Dennis Rhoades. I was appointed Executive Director of the Agent Orange Class Assistance Program in January of this year, leaving the post of National Economics Director of the American Legion. Thank you for inviting me to come before your committee to acquaint you with the Agent Orange Class Assistance program and to explain the purposes and intent of our grant making and other program activities.

It must be stated at the outset that under the terms of the Agent Orange Lawsuit settlement, we are unable to speak to or speculate on any cause and effect relationship between exposure to herbicides while in Vietnam and any subsequent adverse health effects. Furthermore, as the Agent Orange Class Assistance Program is an entity under the jurisdiction of the United States District Court for the Eastern District of New York, we must be mindful of the principle of separation of powers, and being so mindful, we must refrain from recommending legislative initiatives, or even commenting on the appropriateness of pending or proposed legislation. Nonetheless, we do consider this as an important occasion, to give the members of this committee an opportunity to assess the anticipated overall impact of our program on services for Vietnam veterans and their families, so that you, in turn, may be better able make decisions regarding federal funding of services in these same areas.

THE AGENT ORANGE CLASS ASSISTANCE PROGRAM

The Agent Orange Class Assistance Program was established to distribute a portion of the fund created by the settlement of the class action lawsuit by Vietnam veterans and their families against chemical companies which supplied herbicides used in the U.S. war effort in Vietnam. The Assistance Program will provide funding for programs and services of benefit to Vietnam veterans and their families.

The Lawsuit:

The Agent Orange litigation began in 1978 when a Vietnam veteran filed a lawsuit against the United States government and a number of companies that manufactured the herbicide known as Agent Orange. The suit alleged that troops were exposed to Agent Orange while serving in Vietnam and that after their return, many Vietnam veterans had suffered disabling injuries or had died as a result of this exposure. In addition, the suit alleged that the veterans' exposure to Agent Orange caused miscarriages among spouses and birth defects in their children.

The suit was consolidated as a class action in the U.S. District Court for the *Eastern District of New York*, with the class being defined as all persons who served in the Armed Forces of the United States, New Zealand and Australia between 1961 and 1972 who were injured by exposure to Agent Orange while in or near Vietnam. The class also included parents, spouses and children of all such Vietnam veterans.

The Settlement:

On May 7, 1984, just as the trial was scheduled to begin, the veterans' attorneys and the defendant chemical companies agreed to settle the case for $180 million. The U. S. government did not participate in the settlement and all claims against the government were later dismissed. The chemical companies deposited the money with the Court, but distribution of the fund was delayed by a number of appeals, some of which reached the U.S. Supreme Court. On June 30, 1988, the U.S. Supreme Court dismissed the final appeals and cleared the way for distribution of the fund, which by that time had grown to approximately $240 million.

The Distribution Plan:

On July 5, 1988, The Court issued an opinion setting forth the final plan for the distribution of the settlement fund. The Court created two separate programs to distribute the funds, the Agent Orange Veteran Payment Program and the Agent Orange Class Assistance Program.

The Agent Orange Veteran Payment Program is currently distributing cash payments to totally disabled Vietnam veterans and to the spouses or children of deceased Vietnam veterans. To be eligible for a payment, the applicant must show that the veteran meets a Court-approved test of exposure to Agent Orange and that the disability or death was not caused by traumatic, accidental or self-inflicted injury. The Court allocated $170 million of the settlement fund to the Payment Program. Mr. Ken Feinberg, the court appointed special master for the Agent Orange Settlement Fund has included much more detail in his testimony about the Payment Program.

The Agent Orange Class Assistance Program will distribute approximately $52 million to support social services which will benefit the plaintiff class -- Vietnam veterans and their families.

The Assistance Program:

The broad mandate of the Assistance Program is to make grants to support programs and organizations which address the needs and concerns expressed by Vietnam veterans. The Court has directed that the Assistance Program place a priority on responding to the concerns which gave rise to the original lawsuit, providing services which are not currently available and bringing services to Vietnam veterans and their families who, for a variety of reasons, are not receiving needed assistance.

The Assistance Program does not seek to duplicate or replace existing services, but rather to augment those services and to work in partnership with organizations dedicated to assisting members of the Class. Furthermore, the Assistance Program will focus, for the most part, on projects and organizations with proven records of success. Through careful funding of selected projects, the Assistance Program hopes to stimulate greater interest among service providers in addressing the needs and concerns of the Vietnam veteran community on an ongoing basis.

Judge Jack B. Weinstein of the Eastern District of New York, who retains jurisdiction over the fund, holds the very strong view that Class Assistance Program monies should not be used to fund programs and services which are the responsibility of the federal government or to replace federal funding which has been cut. It must be realized that $52 million is really not a great deal of money. The budget for the readjustment counseling service alone is $40 million, and recent cutbacks in the contract portion of that program have generated a large number of proposals to our program for replacement funding. As difficult as it is to deny these requests for substitute funding, we believe that the class would be ill-served by providing scarce settlement resources for programs which are authorized by statute, but which the Federal government cannot or will not fund. The Assistance Program should not be regarded as a resource for assisting the Congress with budget shortfalls.

I will explain later in this statement how we can, and in fact have already begun to support projects which are supplementary to or in coordination with federally funded services but do not replace or conflict with federal programs. We hope to work with Federal agencies such as the Departments of Veterans Affairs, Labor, and Health and Human Services to develop partnerships in effectively serving the needs of the class, while at the same time avoiding duplication of effort.

Current Program Activities

In August of 1988, a Request for Proposal was sent out on behalf of the Class Assistance Program to nearly 1,000 prospective service providers across the country. The RFP focused in particular on program services in four areas:

- Assistance for Vietnam veterans' children with birth defects and other special needs and for the families of those children.
- Counseling and support for families of Vietnam veterans.
- Assistance for Vietnam veterans in obtaining government and other benefits.
- Services for disadvantaged or homeless Vietnam veterans including psychological counseling for post-traumatic stress disorder, treatment for substance abuse, employment placement and transitional housing.

One hundred forty-seven proposals were received by the deadline date of November 30, 1988.

After an extensive review process, eight proposals were selected by the Court for a first-round of funding. The projects, which were announced on March 30, 1989, are representative of the four major areas identified in the August 1988 requests and are well-distributed geographically.

Of these initial grants, four of the eight are for projects to serve Vietnam veterans' children who suffer developmental disabilities or chronic illnesses or to provide services to their families. Another grant was made to an agency which provides group and individual counseling to spouses and children of Vietnam veterans separate from the veteran, which is something the Department of Veterans Affairs is neither authorized nor inclined to provide.

One grant went to an agency which will provide attorney representation and development of VA claims cases in preparation for the opening of the new Court of Veterans Appeals in September. The remaining two grants are to provide services which are designed to supplement federally funded treatment for Vietnam veterans suffering from post-traumatic stress disorder. One project will enable veterans to participate in the "Outward Bound" wilderness experience as an adjunct to their PTSD treatment, and the other will pay housing and support costs for Vietnam veterans and their families who must temporarily relocate while the veteran is in outpatient PTSD treatment at a VA medical center.

Current plans call for another five to eight grants to be awarded by October, with the program's pace quickening in subsequent years. In addition to grants for community service projects, we are currently developing several initiatives to provide services to the class which will be more national in scope.

The Future of the Program

At this point in time, we have only just commenced our efforts and much in depth planning lies ahead. It is anticipated that the Agent Orange Class Assistance Program will operate for a seven to ten year period, over which time it will provide funding to approximately two hundred organizations proposing to provide services to Vietnam veterans and their families on a community level. We expect that the entire $52 million fund currently dedicated to the program will be expended on community grants, with the aforementioned national initiatives as well as all administrative costs being paid for by the interest that the fund will accumulate over the period of operation. From time to time the Program will be issuing new requests for proposals when it appears that the store of appropriate program ideas generated from the current request has been exhausted.

The Assistance Program is assisted in its planning and determination of priorities by a Court-appointed group of eleven advisors from around the country, ten of whom are themselves Vietnam veterans. They periodically consult with the Court and myself on the grant selection process and overall policy issues. It must be emphasized that the Program will, throughout its life, remain under the jurisdiction of the Federal District Court in New York, and as such, all final decisions over grant awards as well as the overall philosophy behind the program will be made by that court.

We hope to develop an ever closer cooperative relationship with veterans service organizations, government agencies, community service providers, as well as national, private nonprofit organizations who are in the business of providing services to Vietnam veterans and their families. We offer the same cooperation to the members of this committee, or any other members of Congress, who are seeking information about the Class Assistance Program or who wish to discuss ideas with us as to how to serve Vietnam veterans and their families more effectively.

That concludes the formal portion of my statement. I stand ready to answer any questions you may have.

May 3, 1989

TESTIMONY BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS OF THE COMMITTEE ON VETERANS' AFFAIRS BY ALLEN E. FALK, CHAIRMAN, NEW JERSEY AGENT ORANGE COMMISSION

Chairman Evans and members of the committee:

My name is Allen Falk and I am Chairman of the New Jersey Agent Orange Commission. I am an attorney in private practice in the State of New Jersey and a Marine Corp veteran. I served with the First Marine Division in Viet Nam.

First, I wish to thank you for holding these hearings on this important subject. The Agent Orange issue is of great importance to our nation for a number of reasons:

first: We must be responsive to the needs of all our veterans. For only if our veterans are fairly treated can we be sure we will be able to recruit future veterans to protect our freedom.

second: The Agent Orange issue deals with the question of health effects on human beings from exposure to toxic chemicals, especially dioxin. Viet Nam Veterans concerned with Agent Orange research are acting as point men for all society so we can learn what risk we all run from our exposure to dioxin.

Finally, the Agent Orange issues serves as a test of our institutions and our ability as a nation and a society to respond to the valid needs of our citizens. Unfortunately, at this time it is clear that we have failed this test.

There are many concerns of Viet Nam era veterans about Agent Orange. Those concerns can vary amongst era veterans, both men and women. Some did not enter into Viet Nam at all. Some veterans did enter Viet Nam but had little opportunity to be exposed to Agent Orange: such as certain pilots, sailors and support personnel. Other veterans had limited opportunity to be exposed in the field but may have consumed dioxin in the water supply or through base perimeter sprayings. Many ground troops were heavily exposed by operating and living in areas that were saturated with Agent Orange spray. Finally, many spray handlers and ranch hand personnel are known to have been heavily exposed to Agent Orange. All of these Viet Nam era veterans have one common concern and that is: to find out what are the specific health effects of exposure to Agent Orange. Some of their questions are: will Agent Orange exposure make me sick?, do I run an increased risk of developing cancer?, do I still have dioxin in my blood from that exposure?, is my exposure effecting me psychologically?, is it safe for me to have children?, will my children develop health effects because of my exposure?, and other similar concerns. It has been over ten years since Congress mandated the studies to find answers to these questions. Over $180,000,000.00 was initially allocated in the struggle. Yet the story of the Agent Orange issue as I indicated is a story of failure on the part of our institutions. All the institutions: executive, judicial, legislative (at the State and Federal levels), the scientific community, the business community, our corporate community, our universities, our labor unions, our private foundations and charities, the press, the public, our public interest groups and our veterans groups. Despite the efforts of all of these we do not have answers to Agent Orange exposure. As Pogo said: "We have met the enemy, and He is US!" We have been able through all our efforts to establish that large number of Viet Nam Veterans are not dying at un-natural rates compared to other members of society. Beyond that we still do not have specific answers for Veterans. Why is this so? Where have we gone wrong?

Since the Agent Orange issue first became known in the late 1970's Congress has been both sympathetic to the concerns of Viet Nam era veterans and well intended with its efforts to study Agent Orange exposure. It has even been generous in the funds appropriated for these efforts. However, Congress has not been able to translate its intentions and its appropriations into sufficient "hands on" research to answer the necessary questions. Many people believe that the federal executive branch has also been well intentioned throughout the course of the last decade in this area, many people do not believe this. However, its efforts have been doomed to failure because of a lack of trust and creditability given by Viet Nam era veterans. This problem is institutional. If competent research proves that certain health effects are directly associated with Agent Orange exposure, there is no question that many Viet Nam Veterans will be eligible for service connected benefits. In these times of budget restraints, Viet Nam era veterans do not believe that the Department of Veterans Affairs and the Executive Branch are anxious to add to their financial burdens by searching for such possible health effects.

As an attorney, I must also state that our judicial system has failed the Viet Nam era veteran in this issue. Early on, Veterans who were exposed to Agent Orange and who suffered clear health effects brought suit in Federal Court against the companies who produced Agent Orange and the Federal Government, who ordered its use. For many years, Veterans believed that they would eventually receive their day in court and the true facts concerning Agent Orange exposure would be revealed in the arena of a Federal Court room. Unfortunately, the legal process only added to veterans frustrations when the entire litigation was settled at the eleventh hour, prior to trial. I acknowledge that the $180,000,000.00 settlement obtained for the benefit of certain disabled veterans and the survivors of those who are deceased is fair and reasonable under the circumstances and the evidence available to put before the court. However, I have clearly observed the frustration and anger from Viet Nam Veterans who feel betrayed by their failure to receive their day in court. The point here is that Viet Nam era veterans are more interested in truthful answers to their questions then in the monetary compensation being offered to them. So far my discussion has been about the various branches of the Federal Government. I must also note that with few exceptions (New Jersey being one), state governments have avoided the issue of providing answers to their Viet Nam Veterans or at best have indulged in half-hearted efforts in this area. Further there is no reason for pride on behalf of our corporate structure and business community. They have been more interested in denying any guilt in the Agent Orange issue then in attempting to provide hard scientific answers, although they have many laboratories and facilities which could be used in this search. Unfortunately, (again with a few rare exceptions) our great universities, colleges, teaching hospitals, and academic community have not independently provided leadership on this issue or created their own studies concerning Agent Orange exposure. Although many Viet Nam era veterans belong to labor unions they have not been active in this fight. Nor have public interests groups indicated that Agent Orange exposure is a priority with them. The same is true of private foundations and charities. While our national veterans groups are now very supportive on the Agent Orange issue it was many years before Viet Nam era veterans were able to persuade them of the importance of this issue. In fact some Viet Nam Veterans themselves were responsible for delay and inertia on the issue because of their suspicions and reluctance to become involved in any research sponsored by governmental agencies.

Finally, the press and the public have, in their reaction and their support for this issue, created a certain amount of ambiguity and confusion. They have often thrown the Agent Orange issue into the lead on the evening news and the front page of our newspapers. However, this usually occurs when special events are happening, such as the unfortunate death of Elmo Zumwald, Jr., (believed to be associated with this Agent Orange exposure), the settling of the Federal lawsuit, or some such newsworthy occurence. Unfortunately, the important bits and pieces of the jigsaw puzzle that are regulary being discovered through basic research are often not considered newsworthy. In addition, while the press and the public generally support the efforts to provide answers to Viet Nam Veterans at times they can be critical and unsympathetic. I have read many editorials and letters to the newspapers stating that Viet Nam Veterans are guilty of "green mail" in seeking compensation and monies for conditions that cannot possibly be associated with dioxin exposure.

If, as I have stated, the primary concern of Viet Nam era veterans is to get hard and true answers on the question of dioxin exposure, and if our institutions have been failing in responding to those concerns, what then is the remedy? The answer is simple, simple to define but extremely difficult to carry out. We must renew our efforts on basic research, we must provide and encourage independent investigator-initiated research on the question of Agent Orange exposure. Such programs include the "Point Man" project of the New Jersey Agent Orange Commission, the American Legion-Columbia University Exposure study, and the Veteran Administration Twin Study. Here I must differentiate between dioxin exposure and Agent Orange exposure. While we can now measure dioxin in the blood and fat of Viet Nam Veterans in parts per trillion, we still are not positive that the health effects associated with Agent Orange exposure are only from the dioxin. Another important component of Agent Orange was the chemical 2-4D which is still in use as a herbicide. Using the dioxin as a measurement of exposure it is still possible to devise many different tests for determining health effects of Agent Orange exposure. We are not talking here about $100,000,000.00 programs or grants, we are talking about many smaller grants and programs in the area of a few hundred thousand dollars each.

If the commitment is made to continue out this research, I am confident that the promises made by our nation to Viet Nam era veterans can be carried out and their concerns can be fully and fairly met.

Thank you.

STATE OF NEW YORK
DEPARTMENT OF LABOR

STATEMENT

OF

MEDRIC DeHOOG

VETERANS RESOURCE SPECIALIST

NEW YORK STATE DEPARTMENT OF LABOR

BEFORE

THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON VETERANS AFFAIRS

UNITED STATE HOUSE OF REPRESENTATIVES

MAY 3, 1989

Helping NY work
VETS Bill of RIGHTS
New York State Department of Labor

Mr. Chairman, on behalf of the Honorable Thomas F. Hartnett, Commissioner of the State of New York, I wish to thank you for the opportunity to appear here today to address the special concerns of Vietnam and disabled veterans.

The U.S. Department of Labor Bureau of Labor Statistics,. in response to concerns expressed by the veterans community, several years ago conducted a "Special Survey of Vietnam Theatre and Disabled Veterans". This study came to the attention of the Honorable Mario M. Cuomo, Governor of New York, and prompted an examination of what we were doing to assist veterans with their employment and training needs in our state, and how we could do a more effective job with the resources available or potentially available. In January 1988 Governor Cuomo directed Labor Commissioner Tom Hartnett to formulate a "Veterans Bill of Rights for Employment Services" at the New York State Department of Labor. The Governor noted that "Our veterans have a right to expect every opportunity for full participation within our economy. It is very clear, however, that no factor is more critical then the attainment of full and productive employment." ------- "This is New York's commitment to the proposition that every veteran has certain rights when seeking a job, or training that will lead to a job."

On March 30, 1988, Governor Cuomo announced the implementation of Phase I of New York's "Veterans Bills of Rights for Employment Services." Every man and woman who enters any New York State Department of Labor facility is asked if they are a veteran of military service. If so, they are immediately handed a copy of their rights in the form of a "wallet card."

Our Labor Commissioner, Tom Hartnett, believes that the best judge of whether veterans are receiving their rights are the veterans who seek our services. So we make every effort to inform every veteran of his or her rights as they come through the door of our facilities and to provide them with an instant accountability mechanism if their rights are abridged. Essentially, the Governor and the Commissioner of Labor have appointed every unemployed veteran in New York as an omsbudsman to ensure quality of service to our veteran customers. This wallet card, (see attached), also lists some other services provided by the New York State Department of Labor and the "Veterans Hotline" toll free number that is an instant accountability mechanism, as well as a place to call if you need more assistance. This has ensured a minimum threshold of services in all 91 of our Job Service Offices. Over 80,000 veterans have received a personal copy of the "Veterans Bill of Rights for Employment Services." In addition, the "Veteran

Employment Hotline" receives over 300 calls per month, of which fewer than 1% are complaints about our services in local offices (down from about 10% of the calls one year ago). Approximately 15% are ‘cold calls" from veterans who received a copy of the "Veterans Bill of Rights for Employment Services" from one of the Veteran Service Organizations or some other source. The rest are veterans who have a difficult problem, or are just not sure how to get to the right person who can help them with their particular problem. A complete record is maintained on the services provided to each veteran, and each receives a personal follow-up letter.

It is our belief in New York, as stated by Governor Cuomo, when he announced the implementation of Phase I of the "Veterans Bill of Rights for Employment Services" that the ability to obtain and sustain meaningful employment" is at the nexus of the readjustment process." What this means is that our task is to help those veterans with problems stemming from military service to solve or to ameliorate those problems to such an extent that they can succeed at a meaningful job at a living wage. The sheer absence of meaningful work at a decent living wage exacerbates any physiological or psychological problem a veteran may have. The reason for this is simple --------having a job and being able to support your self and your family is central to one's sense of self worth in our society. And that is the central task that confronts those of us who are trying to assist veterans with their employment needs. Once a person believes they are worthy, there is a great deal that can be done to assist that person. If they don't believe they are worth much, all of the programmatic responses in the world will not work. That is why Governor Cuomo and Commissioner of Labor, Tom Hartnett insisted that #1 of the Veterans Bill of Rights be the Right "to be treated with courtesy and respect at all NYSDOL facilities."

NYSDOL has made a conscious and dramatic shift toward increased cooperation with other state, federal, and local entities that has already resulted in "customer centered services." The New York State Department of Labor (NYSDOL) is in the process of combining all of our local job service offices with our Unemployment Insurance Offices. We are "cross training" all staff to do both functions as well as other duties of NYSDOL, such as Fair Labor standards. In addition, we are inviting other community services to co-locate with us, such as the State Division of Veterans Affairs and Office of Vocational Rehabilitation. The Veterans Resource Program aspects of the Community Service Center concept is taking the form of cross-training of veterans Resource staff in all functions of the Department of Labor including Unemployment Insurance, the Job Training

Partnership Act, and in other ways, such as "Case Management" Training that will be given to all Veterans Resource staff, Employment Counselor staff, and most managers during late May and June.

As #II of the Veterans Bill of Rights for Employment Services, Governor Cuomo has decreed that veterans have the right to priority in referral to training. To ensure that this right really means something in the lives of individual veterans, Governor Cuomo declared "veterans, particularly Vietnam veterans, disabled veterans and minority veterans" as a special emphasis group for the Job Training Partnership Act. By exercising his prerogative in the law, Governor Cuomo did this in the "Governor's Special Services and Coordination Plan" currently in effect in New York State. In addition, for purposes of the "Economically Dislocated Worker Adjustment Assistance Act" the Governor has expanded this to include all "veterans, particularly combat theatre veterans of any generation." This means that each of the 32 Job Partnership Training Act (JTPA) Service Delivery Area (SDA) entities in New York must: a) appoint a veterans representative to the Private Industry Council (PIC) from a pool of candidates nominated by the veterans service organizations; and b) specifically build into their annual plan how they intend to address the special needs of veterans in their annual plan; and c) examine and modify all of their programs under applicable titles to ensure that these special needs are actually being met.

To assist the JTPA personnel, we have provided initial training to representatives of each of the JTPA entities in the special needs of veterans and currently have a "Veterans Assistance Team" that is engaged in a four part process with each of those 32 SDAs.

1) An initial presentation to all members of the Private Industry Council;
2) full training of all New York Labor staff in JTPA generally and the programs offered in their area;
3) specific training for all JTPA staff and the staff of their subgrantees who actually work with veterans to help them recognize and properly assess those special needs as well as what to do to best address those needs in their area. We are involving the U.S. Department of Veterans Affairs, the New York State Division of Veterans Affairs, the Veterans Service Organizations, and others in this training.
4) One day training session specifically targeted to the needs of that SDA will help them better meet the needs of veterans.

We are working closely with the Governor's Job Training Partnership Council in this effort to enhance the effectiveness of delivery of training opportunities delivered to veterans. We stress that we are not just after increasing the sheer numbers of veterans participating, although that is a consequence of these action. Commissioner Hartnett has directed us to ensure that the special needs of veterans are truly being properly addressed and that we ask the same questions we ask in examining what we are doing in our own New York Labor facilities, to wit: "What does the customer want and need? Are we delivering those services in a manner that the customer wants? Are we actually making a positive difference in peoples' life?

We are also developing the "New York Veterans Resource Guide for Employment and Training Services." The Guide helps lead staff through how to properly recognize special problems of veterans, such as Post Traumatic Stress Disorder (PTSD) and what to do about it. This Guide is being developed in cooperation with the U.S. Department of Labor, the Governor's Job Training Partnership Council and the veterans service organizations

The Governor and Commissioner Hartnett have taken numerous steps to re-emphasize "priority of service" to veterans and preference of service "to service connected disabled veterans." The New York Veterans Bill of Rights for Employment Services effort is meeting both the spirit and the letter of Public Law 100-323 and Public Law 100-689, enacted last year. New York is provides doing all of that for all veterans, but has determined that we must go further for special subsets of veterans. As an example, the Department has created five Permanent "Task Forces" in the Veterans Resource Program. The five substantive areas are: A) Physical Disabilities; B) Readjustment Problems (including alcohol and substance abuse); C) Homeless Veterans; D) Incarcerated Veterans (including those on probation and parole); and E) Outreach and Networking (which addresses outreach to individual veterans, outreach to employers, and cooperative arrangements with all public and private entities who can assist in delivering better quality employment, training and supportive services to veterans, particular disabled veterans). Each Task Force is divided into six teams, one for each of six geographic zones. These Task Forces serve a staffing and planning function with the regular NYSDOL management structure, in a Zone, and also perform operational functions. The reason we created them was to allow for some degree of specialization and to allow staff to acquire in-depth knowledge of a particular area vital to quality service to veterans. The Task Forces include members who represent most functional areas of the Department.

New York is now taking full veterans information on every person who files an original unemployment compensation claim. This will allow us to ensure that veterans who should be granted a claim do receive compensation, and to have a data base that will allow us to obtain a full picture of the employment/unemployment/underemployment status of veterans, disabled veterans, etc. in New York State. To our knowledge, no other state does this. In addition, we have created a Task Group on Women Veterans and a Task Group on Older Veterans.

The Department has DVOPs outstationed in seven of the 10 VA Veterans Outreach Centers located in New York State. We anticipated stationing a DVOP in each as soon as we complete the technical arrangements to be "on-line" with our computerized job bank from these and other outstation locations.

The Department currently has staff regularly seeing veterans in eight of the 14 VA Medical Centers. Out goal is to have regular outreach activity in each facility by the end of the year.

The Department is regularly sending DVOPs into 44 of the 57 New York State correctional facilities, and are working with the Department of Corrections on a special pre-Release project in the Hudson Valley.

The Veterans Resource staff has surveyed facilities that provide various services to homeless persons, and made this information available, in a cross indexed form, on the Community Service Center computerized Directory.

The Department has created eleven of the new "Veterans Employment Counselor' positions, as a means of enhancing vocational counseling and testing service to veterans in New York State. These Veterans Employment Counselors will be training all of the Veterans Resource staff to be able to administer aptitude, skills, and interest testing to veterans who are willing. This will enable us to do better assessment and vocational guidance for veterans, to enable veterans to concentrate on finding work that leads into a career path, and not just "a job." We are establishing a "Veteran Testing and Counseling Center" (VET-TAC) at 54th Street in Manhattan and at 250 Schermerhorn in Brooklyn. We intend to be able to offer this service to any veteran anywhere in the state before the end of the year.

It must be stressed that all of this is an effort by the entire New York State Department of Labor. No matter how dedicated they are, Disabled Veterans Outreach Program Staff (DVOPs) and Local Veteran Employment Representatives (LVERs) cannot do it alone. Our Governor and Labor Commissioner have sent a strong and unequivocal message to all managers and staff that we are serious about properly serving veterans, particularly disabled veterans.

What is needed is some clear signals from the Congress that they care about the employment and training needs of veterans of every generation.

Full Funding for the Job Service

One can only deliver quality services to veterans in the context of delivering quality services to all people. Hence, Wagner/Peyser funding levels for the entire Job Service is critical, that we be able to have the support structure necessary for DVOPs and LVERS to be fully effective. It is our belief that a funding level of $850-950 million in 1989 dollars would be a lean, but realistic funding level for Wagner/Peyser.

The need is for a greater commitment at the Federal and State level to creating a situation where the SESAs can reinvigorate themselves as institutions, and redouble their commitment to veterans, as a vital part of their central mission to serve all citizens.

The movement to remove the veterans program from the U.S. Department of Labor and put it in the U.S. Department of Veterans Affairs is a growing notion among many in Washington, D.C. It is, however, a flawed notion. First, there will be virtually NO new money available in "Function 700" of the Federal Budget (that part of the Budget that funds the Department of Veterans Affairs). Currently the DVOP/LVER grants are funded from the FUTA Trust Fund. Nobody has addressed where the money will come from if they decide to put veterans employment programs under Department of Veterans Affairs. Secondly, the Veterans Employment and Training Service may get lost in the maze of programs in the Veterans Benefits Section of the Department of Veterans Affairs. Thirdly, divorcing veterans employment programs from the Public Labor Exchange at the SESAs would diminish the effectiveness of placing veterans into jobs.

We have an excellent relationship with the U.S. Department of Labor (USDOL). We have found the Director, Veterans Employment and Training for USDOL assigned to New York, Mr. James H. Hartman to be a tremendous resource to us. He keeps us "honest" and provides leadership and technical assistance that has proven to be invaluable to us in our efforts to improve services to veterans. While we are fortunate to have one of the best state Directors in the country, this proves how well this system can work, and should work in all states as part of USDOL.

JTPA and Veterans

There is clearly a need for more signals, both implicit and explicit, from the Congress and from USDOL to promote quality (not just quantity) of services under the Job Training Partnership Act Title II-A and EDWAA to veterans who are "hard-to-serve" or dislocated workers. Both the Congress and USDOL (Employment and Training Administration) have been silent on the need to explicitly address the special needs of veterans, particularly combat theatre, disabled, and minority veterans in JTPA funded programs. For no additional cost the quality of services rendered to veterans could be greatly enhanced if Congress would just directly address the need for JTPA funded entities to do it. New York currently stands virtually alone in our efforts in this regard. We need the assistance, support, and public advocacy of the Congress and of the veterans service organizations.

Mr. Chairman, I thank you for the opportunity to appear here today to represent some of our concerns in New York about the employment and training needs of veterans and the centrality of those needs to other benefits and services the Nation is according to veterans. I will be happy to answer any questions you may have at this time.

Testimony of William E. Pittman

Thank you Mr. Chairman, my name is Bill Pittman of Arlington, Virginia and it is a pleasure to be here today and participate in this effort to identify those issues and concerns which impact on Vietnam Veterans and specifically disabled Vietnam Veterans seeking economic self sufficiency.

Mr. Chairman, I am a Disabled Veteran as a result of injuries substain in combat in 1967 as a Naval Medical Corpsman with infantry units of 1st Marine Division in Vietnam. I am employed by the U.S. Department of Health and Human Services and work as a Program Specialist with the Administration on Developmental Disabilities. Presently, I am on detail assignment with the President's Committee on Employment of People with Disabilities where I work as the Program Manager for the Committee on Disabled Veterans. Counting my military service and my work at the local and Federal governmental levels I have over 19 years of public service at various levels of responsibility.

Mr. Chairman, I am a high school dropout and a graduate of Boston College with Bachelor and Masters Degrees in Sociology and American Studies. I also am a graduate of Cambridge College with a Master of Education Degree in Administration and Management.

Mr. Chairman, the reason I told you something about myself is to point out two of the several problems that I see in our Civil Service System.

First, it is unusual to find former enlisted men and women who served in combat and/or combat support roles in the Federal civil service system and the middle management level. To the best of my knowledge I am the only combat Disabled Vietnam Veteran employed by the Department of Health and Human Services in Washington, D.C. And second, to the best of my knowledge, with the possible exception of certain Department of Veteran's Affairs Staff, I am one of the highest GS Grade Disabled Vietnam Veteran (with enlisted service) employed by the Federal government in Washington.

Now, I understand that this may seem rather startling to you, but I believe that if your staff were to check with the Office of Personnel Management you would be surprised at the results of their response.

The facts are that the Federal Government's employment record for hiring and advancing disabled Vietnam Veterans is poor and this has impact on the manner in which the laws you design and pass to serve Veterans and especially disabled Vietnam Veterans are implemented.

You know Mr. Chairman, Vietnam Veterans are not looking for a free ride and I think that every man and woman in this room who is a Veteran or a family member or\friend of a Veteran knows that. But the basic problem is that while the Veteran served in the military and in combat - others who did not serve, went to school, made contacts and gained valuable personal experience on how to maneuver within the system, especially the Federal Civil Service System. Now the Vietnam Veteran is beginning to understand that the system of Federal programs designed for their benefit such as the Small Business Administrations Program of Veterans loans are being administer nationally as well as locally by Federal Staff who may not fully understand the cultural and economic situations in which the Vietnam Veteran exists.

What I'm saying Mr. Chairman is that the problem is much more than an inability of Vietnam Veterans to secure those Federal programmatic benefits and services for which they are entitled, it is also the inability for those Federal administrators to communicate in a manner that can be understood by the Veterans. There still exists a lack of empathy.

I believe that these dual problems can be resolved by the direct recruitment of qualified Vietnam Veterans into middle management and executive level civil service positions and the consolidation of the communications and monitoring effort related to services to Veterans under a cosortium of Legislature and advocacy group officials who's purpose would be to document, as well as insure, that social and economic programs for Veterans are delivered in the manner intended and prescribed by Congress.

Thank you Mr. Chairman for giving me this opportunity to speak. I hope I have been able to contribute something to your Committee's investigation into the social and economic concerns of Vietnam Veterans.

Testimony Before the
U.S. Congress
House Committee on Veterans' Affairs
Sub-Committee on
Oversight and Investigations

by

James A. Ross
President of Chapter 38
Vietnam Veterans of America
Charleston, West Virginia

May 3, 1989

The Honorable Chair and distinguished members of the House Veterans Affairs sub-committee on Oversight and Investigations. My name is James Ross and I hail from the great State of West Virginia. I wish to thank you this opportunity. I am both excited and hesitant to present this testimony, yet I feel compelled to discuss several issues relevant to the many Veterans I work with. My approach to these issues will focus on a discussion of those programs designed to assist Veterans in the area of small business and a few comments on job training and job placement services. But first, let me explain a little of my background and why I am excited about this opportunity.

Background

I am a Vietnam Veteran, having served with the Army Signal Corps from 1970 to 1971, and received an honorable discharge in early 1973. Since 1977 I have been involved in the provision of social services through direct service, research, planning and networking.

For the last two and one-half years that involvement has been working with and on behalf of West Virginia's Veterans. I now represent WV Veterans on the Governors' Coordinating Council for J.T.P.A.; am the State Coordinator for the WV Veterans' Entrepreneurship Training (V.E.T.) Project; actively participate on the WV Jobs for Veterans Committee, the Small Business Assistance Committee for the Charleston Regional Chamber of Commerce and Development, and am President of the Charleston Chapter 38, Vietnam Veterans of America. Currently, I am facilitating the establishment of the Veterans' Business Resource Council of W.Va., Inc., the Veterans' Business Network, the WV Veterans' Business Foundation and publish the monthly WV Veterans Alert that is mailed to over 2400 Veterans throughout West Virginia. Most recently I was presented the WV Veterans' Advocate of the Year Award from the U.S. Small Business Administration.

Small Business

As I am sure you are aware, small businesses create over two-thirds of all new jobs in this country. In West Virginia many say they create closer to 80 to 85% of all new jobs. Over the last two and one-half years we have primarily been involved in working with WV Veterans in either starting their own business, expanding their existing business or trying to save their business as the State Coordinator for the WV Veterans' Entrepreneurial Training (V.E.T.) Project. This involvement has provided us with first hand experience in the frustrations, problems and successes of hundreds of WV Veterans (all-eras) as they pursue small business ownership. This project has also afforded us the opportunity to work with those agencies and programs designed to assist those individuals interested in small business. These include the following:

1. U.S. Small Business Administration (SBA)
2. U.S. Department of Veterans Affairs (self-employment program under their Voc-Rehabilitation division)
3. Jobs Training Partnership Act (self-employment model)
4. Targeted Jobs Tax Credit
5. Small Business Development Centers
6. Chamber of Commerce

Before I get into discussing these agencies and their programs, it is important to define small business from the perspective of the WV Veterans we work with. Although this is not indepth statistical research, experience has taught us that roughly 95% of the Veterans we come in contact with:

1. are interested in businesses that would create employment for themselves or up to five employees.
2. need, on the average, between $15,000 to $25,000 start-up capital.
3. have never been in business for themselves before.
4. are confused about what is involved in setting a business up.
5. know nothing or very little about what a business plan entails and what resources are there to assist them.

In addition, over 60% have insufficient collateral to obtain a small business loan from conventional sources; have no post-high school education; have a minimum of 10 years of experience working in their proposed field; and have a bad or no credit history.

As you have probably already determined, many of the Veterans we work with are not the General Motors, Union Carbides or the DuPonts of today, but with some specific types of assistance many have the potential of becoming one of tomorrows' major industries in West Virginia. These types of assistance needed include training and financing.

Training

The failure rate for small business runs, conservatively, 85% within the first five years. Although there are many reasons why small businesses fail, one of the major factors involves the inability of that Veteran to effectively manage the business. While the Veteran who goes into small business may possess extensive experience in their field, a majority have little or no management experience.

To combat this problem, and enable the Veteran to develop those skills, the Small Business Administration developed several pilot Entrepreneurial Training Programs in such states as California, Missouri, South Carolina and Hawaii. These projects have met with considerable success during their first year of operation. They have not only assisted Veterans who possess the financial resources to start their business but, as was the case in the Missouri pilot, they have also aided a Veteran who was homeless in starting his own business.

In West Virginia a similiar pilot project entitled the WV Veterans' Entrepreneurial Training (V.E.T.) Project was offered to Veterans through a unique combination of J.T.P.A. funding. The purpose of the V.E.T. Project was to provide WV Veterans interested in starting their own business, or who had been in business less than one year, with training in the fundamental management skills important to successfully manage a small business. The goals of the V.E.T. Project were primarily two-fold. First, to persuade some WV Veterans not to go into business and secondly, to assist five Veterans in opening new business in West Virginia by June 1989. Following this training provided in the summer of 1988, along with the coordination of the counseling services from the WV Small Business Development Centers and on-going periodic classroom training, we are pleased to report that as of April 1, 1989, ten new businesses have been established which have created up to fourteen new jobs while saving three. The types of businesses established are as follows:

1. Auto body repair shop - Leorna, WV
2. Small sawmill - Bellenge, WV
3. Meineke Muffler Shop - St. Albans, WV
4. Masonry construction - Clendenin, WV
5. Construction (home) - Princeton, WV
6. CPA - Charleston, WV
7. Public relations firm - Parkersburg, WV
8. Trucking firm - Bridgeport, WV
9. Trailer manufacturing - Rainelle, WV
10. Lazer printer cartridge re-manufacturing - Charleston, WV

It is also anticipated that by June, 1989, one to three additional businesses will come on line.

As part of the V.E.T. Project efforts were made to develop processes that would inform WV Veterans about available training, special programs and job opportunities. One particular process developed is the "Veterans' Alert" which is currently mailed to over 2400 Veterans on a monthly basis (See Attachment A). In addition, we conduct nineteen community workshops annually throughout the state involving the State Department of Veterans Affairs, SBA Veterans officers, Department of Employment Security and the Governors' Office of Industrial and Community Development, Small Business Division. The V.E.T. Project in West Virginia has shown those involved that applied instruction is a viable option for not only the creation of new small businesses, but in aiding Veterans to enter the field of business ownership on solid footing, by reducing the level of risk they must take.

Financing

This component of small business development, like none other, is the major barrier to assisting Veterans in starting their own business. While many agencies have established various programs to overcome this barrier, few exist to assist the Veterans we work with. One such program that has tremendous potential, but is not consistently administered, is the self-employment program within the division of Vocational Rehabilitation under the U.S. Department of Veterans Affairs. This program has, over the last two years, assisted two Veterans we work with by providing each with $1,500.00 in tools and supplies. In California, the SBA and U.S.D.V.A. offer a joint self-employment program that can provide Disabled Veterans up to $5,000.00 for use as business start-up capital.

The financing programs for Veterans, under the U.S. Small Business Administration, is another possibility, but over the years the processes for applying have become so complex and confusing that it has become a barrier in itself for the Veterans we work with. It has become commonly known, within the Veteran community of our state, that if you are able to obtain a loan from SBA, you should be able to get it from a bank. In addition, trends in SBA seemingly are moving away from the loan programs, towards training and technical assistance as its major function.

Conventional sources of financing, such as the banks, offer very little assistance for the Veterans we work with. If I have learned anything from my experiences over the last few years I have realized that banks are not risk takers, and perhaps rightly so. Banks are a business, whose job is to make money for its' investors. As one bank loan officer recently told me, "It costs us as much to put together a loan for $25,000.00 as it does for $100,000.00. You could say we would lose money, so why bother with those small loans". While this may be true, it does not change the fact that with the availability of high risk start-up capital many more Veterans could be self-employed which in turn would increase available job opportunities in their communities.

Recommendations on Small Business/Self-Employment

In that I am not able to fully understand the political realities you must contend with at your level, I do understand the realities facing many WV Veterans as they attempt to enter the small business arena and the many barriers that stand in their way. The following recommendations are based upon the assumption that first, there are many steps that we, as Veterans, car take to help ourselves and secondly, that the government role should be to develop an environment that fosters and supports a reduction in the risk involved in starting a small business or pursuing self-employment as a viable option.

1. SBA
   - a.) That SBA put as a priority entrepreneurship training for Veterans which includes coordinating the involvement of existing local, state and federal resources.
   - b.) That the SBDC concept be expanded to include the flexibility of the financial resources within the 7j program under their auspices.
   - c.) That a closer system of accountability be established under the 8a program to assure equity in its application.
   - d.) That start-up funding for the Veterans' Business Resource Council (VBRC) concept be increased from $2,000.00 to $25,000.00 a year based upon a minimum of a dollar-for-dollar match from non-federal sources with empasis on self-help models.
   - e.) That the VBRC's be utilized as the center for coordinating the various resources available to assist Veteran small business owners.
   - f.) That SBA loan applications not require the Veteran to identify themselves as convicted felons after five years following their release or completion of their sentence.

2. Veterans Affairs, Vocational Rehabilitation Division
   - a.) That the self-employment program be expanded to include training in small business management skills and business plan development.
3. J.T.P.A. Programs
   - a.) That self-employment programs for Veterans become a viable component of job training services.

Job Training and Placement

Although the major emphasis of this testimony has been on Small Business, much of our work has been on training and job placement as well. What follows are various recommendations based upon our experience in dealing with these programs.

1. Veterans Affairs, Vocational Rehabilitation Division
    - a.) That the Veterans Job Training Act be reinstituted where the policy for implementation includes allocation of funds based upon useage, not a set amount being allowed for each state with no way to transfer from state to state.
    - b.) Staffing be increased to provide more outreach and monitoring.

2. J.T.P.A.
    - a.) That all Private Industry Councils and Service Delivery Areas be required to annually report on the number of Veterans they provide services to.
    - b.) That a percentage of Title III, dislocated workers, be earmarked for services to Veterans.

3. Veteran Employment and Training Services (V.E.T.S.)
    - a.) That the formula for allocating staff levels for the V.E.T.S. division, within the Department of Labor, be revised so as to be based upon the number of Veterans within the states' workforce and not on the number of Veterans residing in the state.
    - b.) That you continue to support the training at the National Veterans Training Institute.
    - c.) That the Multi-State Veterans' Job Bank Pilot be continued for replication in other states.

Summary

I have within attempted to offer some insights in the areas of assisting Veterans in starting their own business, self-employment and the various job training/placement services we have utilized as we work with WV Veterans. The individuals, agencies and organizations involved in the WV V.E.T. Project have learned a great deal and realize the importance of applied instruction on small business management, coordination of available resources and effective private sector involvement.

We are also discouraged by the action of the U.S. Small Business Administration in rejecting continued funding for the WV V.E.T. Project (See Attachment B). This short-sightedness in vision and top-down approach to planning represents an interesting example of the types of barriers and disincentives those of us "in the trenches" must contend with all too often.

It is my sincere hope that I have been able to provide you with some valid information. I am, to say the least, somewhat intimidated by this opportunity, having never done this before, but I am excited by your interest in the Veteran as a small business entrepreneur. In a rural state, such as West Virginia, where small business are vital to our economy, creative steps and innovative programs to assist Veterans such as the WV V.E.T. Project, WV Veterans' Business Network, WV Veterans' Business Foundation, etc., are prime examples of private sector initiatives combined with public sector resources that are crucial to the Veterans of this great State. Thank You!

ATTACHMENT A

The Veterans' Alert

A Service of Jobs for Veterans, 105 Capitol St., Suite 108, Charleston, WV 25301-2610 James Ross, Coordinator
"Where Veterans Help Veterans," WV Vietnam Veterans of America (304) 346-6770

Volume 1, Number 7 *March, 1989*

This edition of the "Veterans' Alert" outlines the availability of the "West Virginia Business Finance Program". This new program has a maximum limit of 3 million total dollars. The application procedure is almost complete so below you will find the program specifics. For more information please contact the WV Small Business Development Center in your area or call the Veterans' Alert Office.

PROJECT ELIGIBILITY

- The proposed business must create employment opportunities and/or save existing jobs.
- The proposed business must be located in a West Virginia community with a population of less than 25,000 persons as determined by the latest decennial census.
- The ultimate recipient must establish a new business or expand an existing business.

ELIGIBLE USE OF THE FUNDS

- Land acquisition, building construction, and/or purchase of equipment.

INELIGIBLE USE OF THE FUNDS

- For any hotels, motels, tourist homes, or convention centers, recreation, tourist, or amusement centers.
- To repay credit extended or committed prior to the submission date of the application for West Virginia Business Finance Program loan.
- For agricultural products.
- For charitable and education institutions, churches, organizations affiliated with or sponsored by churches, and fraternal organizations.

OTHER LOAN REQUIREMENTS AND FEATURES

- The total amount of the West Virginia Business Finance Program plus the outstanding balance of any existing FmHA financial assistance cannot exceed $150,000 or 75% of the project costs.
- Financing commitments must be secured from other sources prior to application being considered for approval.
- A minimum of 10% equity must be invested in a project.
- The interest rate is a fixed 5% for the term of the loan.
- The term of the loan ranges from 5 to 15 years.
- Loans are for permanent financing only.
- The collateral may be in the form of a deed of trust, security interest, letter of credit, escrows, and/or personal guarantees or other collateral acceptable to West Virginia Industry and Jobs Development Corporation and Farmers Home Administration.

ATTACHMENT B

U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

MAR 2 1989

Mr. Kyle Workman
President, WV VVA State Council
106 Capitol Street, Suite 100
Charleston, WV 25301-2610

Dear Mr. Workman,

Thank you for your recent submission of a Veterans Entrepreneurial Training grant proposal for the state of West Virginia. My staff and I have reviewed your proposal. While it has many excellent features and your organization has a good track record with your previous veterans training programs, we have decided that we can not fund your grant request. Its basic mixture of training and counseling emphasizes counseling much more than does the approach we have found successful. Since we can fund only a small number of the grants submitted to us, we support programs that most nearly follow our preferred training approach.

Thank you for your interest in SBA's veterans program and in going the extra mile to help America's veterans.

Sincerely yours,

Dick E. Ellis

Dick E. Ellis
Director, Office of Veterans Affairs

cc: Don Swartz, RVAO
Philadelphia Regional Office

STATEMENT OF

JOHN FLINN
CENTRAL OHIO CHAPTER 16
VIETNAM VETERANS OF AMERICA

Before The

HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATION

on

INCARCERATED VETERANS

MAY 3, 1989

Members of the Veterans' Affairs subcommittee on Oversight and Investigation, I appreciate this opportunity to present my views on Incarcerated Veterans. I am a decorated Vietnam Veteran who has been incarcerated, the organizer of the first Incarcerated Chapter of the Vietnam Veterans of America (VVA) in Ohio, and a Life Member of Vietnam Veterans of America.

Gentlemen, the situation of the incarcerated veteran is dismal at best, especially in the case of the Vietnam Veteran. We are veterans who fought an unpopular war; returned home to a hostile society; whom became tagged as out of control killers of innocent men, women and children in the name of Democracy; and found no solace for our problem of readjustment. His interaction with the Veterans Administration (which is mandated to treat his physical and psychological wounds) left him further demoralized. His interaction with the economic system left him unemployed, underemployed, completely discouraged. He watched as those who burned draft cards and fled to Canada received anmesty. He watched as the Iran hostages received a hero's welcome. All the time, he degenerated further and lost whatever faith he had in self, his country, and society. As the problem of readjustment peaked, he found out that his country had further victimized him with Agent Orange. He found himself experiencing feelings of detachment, emotional numbness, guilt, anger, powerlessness, and low self-esteem. These causative factors delivered twenty percent of all Vietnam Veterans to the gateway of the criminal justice system.

A recent study indicates 29,000 Vietnam Veterans reside in state and federal prisons; 37,500 have been paroled; 250,000 remain under probationary supervision, and 87,000 are awaiting trial.

Inadequate attention to the problems of Vietnam Veterans at the onset brings us here now. The Armed Forces did not debrief or counsel veterans, the Veterans Administration did not address readjustment problems and were slow to recognize Post Traumatic Stress Disorder (PTSD), and Congress was slow to act on behalf of the men it sent to war. Now, some of these Vietnam Veterans, far to many, are incarcerated.

The daily stressors of prison living aggravates the readjustment problems and PTSD problems for the veteran. As we all know, penal systems in the United States are overcrowded, geared to a punishment modality, and usually unprepared to handle the problems of veterans. There are literally thousands of veterans who need the services of the Veterans Administration. Professionals in the field of readjustment counseling, PTSD counseling, employment counseling, and interpersonal counseling are needed to treat these veterans while they are still incarcerated. For as much as law and order advocates want more prison, it is usually not discussed that most prisoners will return to society.

These forgotten veterans did not find a way to adjust to the transition from Vietnam to American society. They have become isolated from society for their transgressions against society. They have been warehoused, but the problems associated with their service have grown. These peoples have been subjected to double trauma. We are at risk to lose these veterans to a never ending cycle of alienation from mainstream society.

Active counseling is needed now to break this cycle and create pathways for these veterans to reclaim their proper stature in life. The outreach capacity of the Veterans Administration could and should, and indeed must provide adequately trained personnel on a regularly scheduled basis to provide medical care, PTSD counseling, job service placement, and appropriate referrals to agencies that can assist and support the veteran on a long-term basis. Along with the above, Service Officers are needed to correct the records of veterans, file claims for disability, provide discharge upgrades, and help the veteran to research his records for exposure to toxic chemicals.

The role of the Veterans Administration to the Incarcerated Veteran has been one of indifference and apathy that flagrantly ignores its "congressional mandate" to administer the programs and provide the services that are needed by our Nation's veterans and their dependents. In conclusion, I hope that I have opened the window on the plight of the give thought to the suggestions I have made so pathways are forged to break the cycle of social isolation.

John E

Vietnam Veterans of America, Inc
2001 S St. NW
Suite 700
Washington, DC 20009-1125

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STATEMENT OF

WAYNE F. SMITH
NATIONAL MEMBERSHIP DIRECTOR

and

PAUL S. EGAN
LEGISLATIVE DIRECTOR

Before the

HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATION

on

Incarcerated Veterans

MAY 3, 1989

Mr Chairman and members of the Subcommittee, my name is Wayne Smith and in addition to serving as the national membership director for the Vietnam Veterans of America, Inc., I am the staff liaison to the VVA's Special Committee on Incarcerated Veterans. Naturally, it is a pleasure to have the opportunity to present testimony today on the very important issue of incarcerated veterans.

The subject of incarcerated veterans may be one of the most unattended yet pressing matters of readjustment facing the veterans community today. This is most especially true given the accumulation of data that has been developed on the subject of Post Traumatic Stress Disorder (PTSD). We know now, for example, that approximately 15 percent of all Vietnam theatre veterans or some 470,000 individuals are affected with PTSD or some constellation of PTSD's symptoms. With this in mind, it must be concluded that incarcerated veterans too are experiencing the problems of PTSD. Moreover, it is clearly appropriate for the Department of Veterans Affairs (DVA) to adopt and implement a policy designed to meet this and other challenges that beset incarcerated veterans.

In this connection, we believe the absence of a comprehensive policy on this issue by the DVA requires a legislation remedy. In this statement, an outline of what the VVA believes should be included in remedial legislation will be provided.

Before detailing the specifics of a sound policy on incarcerated veterans, it may be useful to establish our credibility as a spokesperson on this subject. At the present time, we have 30 VVA chapters in State and Federal penal institutions across the country consisting exclusively of incarcerated Vietnam era veterans. These members number nearly 3,000. Those members of ours who are incarcerated are represented to our national organization through the leadership of the local state VVA organizations.

After having said that, we hope to impress upon the subcommittee that our recommendations are not motivated by a view that the nation should adopt a "go easy on the criminal" policy. Instead, we simply believe that many of the veterans confined to penal institutions could benefit from readjustment counseling and a knowledge of what benefits are available upon release or parole from prison. Similarly, there are steps that should be taken to afford a measure of fairness to the families of these veterans during a period of incarceration, especially the families those veterans who are service disable and eligible for receipt of disability compensation.

As already referenced, there is no good reason, given the prevalence of PTSD among Vietnam theatre veterans, to believe that PTSD is limited only to non-incarcerated veterans. Indeed, there seems good reason to believe that the incidence of PTSD among incarcerated veterans is greater than that experienced by the non-incarcerated veteran population. While the veterans having been imprisoned for the crimes they have committed should be held accountable, the mental status of these individuals that may have stemmed from military experience could very well have contributed to the criminal behavior causing incarceration. Without offering any opinion or recommendation as to whether this should be taken into consideration prior to sentencing or parole, it is obvious that there is a role for psychological readjustment counseling in our nations prisons.

By and large, no such role is being played by the DVA or any other agency suited to this type of counseling. It must be remembered, in this regard, that the understanding of PTSD, its etiology and treatment are relatively new. This means that many incarcerated veterans have had and continue to have serious undetected psychological readjustment problems including PTSD.

The apparent unwillingness of the DVA to develop and implement a policy for incarcerated veterans in the past may be excused, but the failure to adopt such a policy now, given the growing knowledge of PTSD, is totally unacceptable. If, as a nation, we still harbor any desire to expect incarceration to serve as a method of rehabilitation, the DVA as well as federal, state and local prison facilities must recognize that abatement of psychological readjustment problems such as PTSD can offer a better likelihood of preventing repeat offenses than would be the case without psychological readjustment treatment. The same can most certainly be said of providing these veterans with an understanding of the benefits available to them upon discharge from a penal institution. The Department of Labor (DoL) too could and should play a role here through the Disabled Veterans Outreach Program (DVOP).

We are aware of some outreach by the DVA's "Vet Center" program to prison facilities, but when this takes place it is the exception rather than the rule. Without a specifically required policy of outreach, this is unlikely to change. In our view, a policy must be developed that requires outreach by the DVA to penal institutions willing to accommodate readjustment counseling for incarcerated veterans. For there part, penal institutions must be sensitized to the special problems of veterans so that psychological readjustment problems can be identified and treated. The DVA can and should offer assistance to penal institution in this regard.

In the event that a veteran is about to be released or paroled, the DVA should be required to provide the veteran with information as to the locality of Vet Centers in the immediate area. In addition to this, further information should be made available as to the full range of health, employment, housing and other programs offered by the DVA, DoL and SBA as well as how to reinstate disability compensation that may have been reduced during incarceration.

Under a new legislative policy on incarcerated veterans, there are also some things that ought to be required of penal institutions. As prisoners enter penal facilities they should be screened to ascertain information on whether they are veterans and, if so, what was the nature and extent of military duty. Added to this, further information should be gathered as to whether the veteran is disabled, receiving compensation, status of discharge previous training and education received and any history of treatment at DVA medical facilities.

In the event that a veteran is receiving compensation, which is required to be reduced to 5 percent and 10 percent depending on adjudicated level of disability, the veteran and his family should be advised of the right to have the foregone compensation apportioned to a spouse or immediate family member. Similarly, if a veteran's compensation is apportioned, the DVA should be required to cease seizure of benefit funds in the event of a DVA-instituted debt collection action at least until a short time following incarceration.

Many of these veterans believe their physical problems are caused in part by exposure to dioxin (Agent Orange) in Vietnam. Yet, under current circumstances, these veterans have no way of getting an Agent Orange examination or getting their names placed on the Agent Orange registry. To correct this problem, the DVA should be required to develop a protocol for an Agent Orange physical examination that could be conducted by a non-DVA physician in a penal facility which would be accepted by the DVA. The veteran should then be permitted to have his or her name entered on the Agent Orange registry. Likewise, incarcerated veterans should be permitted to secure physical exams for purposes of being adjudicated as service connected in the pursuit of a claim.

In summary, there are three principal components of a needed incarcerated veterans bill that should be developed. These include steps to be taken at the time of incarceration, during incarceration and immediately prior to release. As the veteran enters a prison facility relevant information should be gathered on the status of an individual as a veteran, and any disabilities he or she may have that are service related. This information should be transferred to the DVA for purposes of notifying a spouse or immediate family member of the possibility of apportioning compensation.

While incarcerated, outreach services and treatment should be available for those veterans suffering with PTSD or other psychological readjustment problems. Those veterans desiring to be entered on the DVA's Agent Orange registry should be able to accomplish this with minimum delays owing to the need for a physical examination. Those veterans interested in filing a disability claim or upgrading their discharges should be permitted to do so. DVA physicians should be made available to penal institutions periodically for the purpose of doing disability rating evaluations.

Just prior to release from prison, veterans should be provided with advice and information about DVA, DoL and SBA benefits available to them, including how to go about reinstating disability compensation benefits. To accomplish each of these three components, preincarceration, incarceration and prerelease, DVA officials in regional offices, Vet Centers and Medical Centers, and local job service and Small Business Administration Offices should be designated as incarcerated veterans liaisons.

In concluding this statement, Mr Chairman, you are to be commended for holding a hearing on this subject. No hearing on the matter of incarcerated veterans has been held since 1979. We look forward to going beyond the hearing process on this issue and will welcome the opportunity to work with you toward enactment of legislation carefully designed to make long overdue improvements in the way incarcerated veterans are treated by those agencies operating programs of potential benefit to both nonincarcerated and incarcerated veterans alike.

STATEMENT SUBMITTED BY THE HONORABLE JOSE R. JARABO, SPEAKER OF THE HOUSE OF REPRESENTATIVES OF THE COMMONWEALTH OF PUERTO RICO, BEFORE THE HON. LANE EVANS, CHAIRMAN OF THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS OF THE COMMITTEE ON VETERAN'S AFFAIRS OF THE U.S. HOUSE OF REPRESENTATIVES AT WASHINGTON, D.C. ON THE SUBJECT OF: CONCERNS OF VIETNAM ERA VETERANS.

Mr. Chairman; Members of the Committee:

It is no secret that Puerto Ricans have served in the Armed Forces of the United States and that they have taken part in both World Wars, in the Korean conflict and in Vietnam. However, I sometimes wonder if our fellow Americans are aware of the extent of our participation in these conflicts and of the human toll that our participation has entailed for our island society.

Let me just briefly give you a very quick rundown of some of the official statistics.

Forty three thousand four hundred and thirty four (43,434) Puerto Ricans participated in the Korean conflict with casualties totaling three thousand four hundred fifty (3,450). For every forty two casualties suffered by American forces in Korea one was Puerto Rican. In terms of a per capita ratio, Puerto Rico suffered one casualty for every six hundred sixty (660) inhabitants as compared to one casualty for every one thousand one hundred and twenty five inhabitants in the United States, almost double the ratio.

The statistics for Vietnam, for reasons unknown to us, are somewhat blurred. However, it is estimated that over fifty thousand are still alive and residing on the island. We have encountered estimates placing the number of Vietnam veterans at 47,000.

During the 20th Century one hundred ninety two thousand (192,000) men have actively taken part in American wars with casualties running up to six thousand two hundred nineteen (6,219)

Comparing population with the number of casualties gives Puerto Rico's standing among all states and territories. In Korea, just to take one example, while Puerto Rico had the thirty-second largest number of men in service casualties and death suffered in combat, we are the third largest when compared to the size of the state's population. Needless to say, these totals do not include the tens of thousands of Puerto Ricans residing in the United States at the time of their entering service.

As you can see, Puerto Rico has paid its dues in the defense of democracy and our way of life. Never have we questioned the authority of the U.S. Government to request our participation in the armed conflicts of the nation, nor have we at any moment entertained and doubt as to our obligations as American citizens, particularly as pertains to the common defense.

Be that as it may, I appear before you today, as Speaker of the House of Representatives of the Commonwealth of Puerto Rico and on behalf of close to one hundred eighty thousand (180,000) Puerto Rican veterans, not with the intention of requesting equal representation in the "body politic" that shapes our everyday life and our very destiny, for that is an issue to be expounded on other fora but, rather, to demand for our fellow veterans something which this great nation of ours is well accustomed to: fair play.

Mr. Chairman, Puerto Rican veterans have problems that require immediate attention. The solution to some of these problems lie in Puerto Rican hands. We assure you that our government is doing all it can, within the framework of our fiscal resources, to guarantee for veterans a decent way of life and the special services that they and their dependants require and deserve.

However, most of the problems, especially the major problems encountered by veterans in Puerto Rico, have their roots in policies, decisions and directives adopted by the U.S. Government, its agencies and departments.

The deleterious effect of some of the decisions and policies as they apply to Puerto Rico have substantially undermined the general welfare of the Puerto Rican Veteran to the detriment of our society as a whole.

Since the source of these problems lie within the U.S. Government and since it is primarily responsible for the veterans' well-being, do we seek the solutions that we expect on their behalf.

The most pressing problem confronted by Puerto Rican veterans, particularly those of the Vietnam era, are related to health care.

Most of the free medical services available to Puerto Rican veterans are supplied by the Veterans Administration Hospital in San Juan which was activated on the 24th of November, 1969. This hospital caters mainly to Puerto Rican and Virgin Island veterans. The hospital has six hundred ninety two (692) beds available for their patients.

Even though statistics are somewhat erratic as to the number of veterans in Puerto Rico, most sources tend to estimate the number at one hundred eighty thousand (180,000). The gross insufficiency of the services available at the V.A. Hospital can be readily ascertained when we take into consideration that over one hundred thousand (100,000) veterans apply yearly for services from this hospital. In fact, the Veterans Administration Hospital in San Juan ranks first in the United State as to the number of medical service applications filed by veterans on a yearly basis.

Although the V.A. Hospital has initiated a program whereby supplemental medical services, free of charge,are available in island private and public hospitals, it is still not nearly enough to satisfy demand. So chronic is the shortage of services available that the hospital has adopted a policy of accepting only those cases where the conditions to be treated are clearly service connected. The result of this insufficiency is that close to ninety percent (90%) of Puerto Rican veterans do not have access to the services rendered by the Veterans Administration Hospital on the island.

Even for those few who can manage access to the hospital, the quality of the services available leaves much to be desired and the waiting period for service is altogether unreasonable.

Being able to provide quality service for all Puerto Rican veterans should be of paramount importance, particularly in view of the socio-economic factors in Puerto Rico. According to documents submitted by the Veterans Administrations Hospital 98 percent of our veteran population falls into "Category A", that is, below the poverty margin. The "official" unemployment rate among veterans is at least 40.5%. In fact, 85 percent of Puerto Rican families make less than $15,000 a year. The fact is most of our veterans depend solely on the Veterans Administration for medical care since they lack the means to provide health insurance for themselves. According to the local Department of Health, as of August 1988, 62% of our population (or 1,193,395) were considered medically indigent.

In confronting the problems of insufficiency of the VA facilities in Puerto Rico, we should also bear in mind that the San Juan Veterans Administration Medical Center also provides support to all American military installations on the island. The Center provides service not only to the U.S. Army, the U.S. Coast Guard, Puerto Rico National Guard, etc. but to the largest U.S. Naval Station in the world, Roosevelt Roads at Ceiba. Furthermore, every year over 50,000 U.S. and NATO forces participate in the "Caribbean Adventure" maneuvers. Sailors from Europe, South America, Australia and other friendly nations have received specialized medical care at this facility, active also for the Grenada invasion. The strategic importance of this medical facility can be seen as recently as the unfortunate accident of the U.S.S. Iowa when the hospital was put on maximum alert to receive and care for the many wounded sailors.

Although much has been done to update the services rendered by the hospital, much still remains if it is going to live up to its commitments.

In addition, a distinction must be made as to the type of services required by Korean veterans and those related to Vietnam. The average age of Korean veterans is now around sixty years whereas the average for Vietnam veterans is approximately thirty-eight. Because of the age factor Korean veterans' medical requirements are more related to symptoms associate with or aggravated by age. This implies that the need for geriatric medicine is most acute among this group and therefore, services in the V.A. hospital should be accommodated to fulfill this need.

In the case of Vietnam veterans one of the most pressing problems related to their medical needs are those that arise from "Post Traumatic Stress Disorders" (P.T.S.D) and the proper identification of this condition. Statistics show that 27.9 percent of Hispanic male veterans (an estimated 47,000 currently have P.T.S.D. In fact, almost half of the Vietnam Veterans have had at least one psychiatric disorder at some point in their lives with alcohol abuse, the most common disorder.

Considerable controversy has arisen as to the methodology of diagnosis of PTSD as applied to Puerto Ricans and other Hispanics. It appears that the parameters used in diagnosis are of a general nature, a sort of across the board approach, that does not take into consideration cultural variations that, according to informed sources, may have a bearing on a predisposition to these disorders. The result has been that conditions that should have been diagnosed as PTSD are attributed to other factors and compensation denied. Most of our Puerto Rican Vietnam veterans, for whatever reason, suffer from some sort of psychological disorder, service connected, and most of these disorders are highly disabling. Full compensation for PTSD should promptly be awarded in all cases so diagnosed, using methods of diagnosis that take in account cultural, societal and individual variations which, when combined with stress attributed to war conditions, may have been a factor in its development. Yet the claims for compensation are delayed, withdrawn or encounter endless re-evaluation resulting in decreased compensation or no compensation at all.

We are not proposing submitting to a sort of compensation syndrome that would reward disability per se. But when that disability is incurred in the defense of the country, every effort must be made to facilitate the individual's reincorporation as a useful member of society with full compensation accorded under the law.

For reasons unknown to us, the norms applied in the diagnosis and evaluation of PTSD in Puerto Rico are much stricter than in any other jurisdiction under the U.S. flag. In fact some of our men have to leave the island and their families to seek what they deem as more just adjudication of their claim in other jurisdictions. The problems confronted by Puerto Rico's veterans, as mentioned before, have a tendency to create further problems in other jurisdictions, like for example, the Commonwealth of Massachusetts.

On March 16, 1989 the Executive Director of the Puerto Rican Veteran's Association of Massachusetts, Inc. reported to its members the following, and I quote:

> "II- Puerto Rico's Veterans issues are becoming a concern for Veterans Service-Providers in the Commonwealth of Massachusetts.
>
> It has become obvious by the number of Veterans migrating to the Commonwealth of Massachusetts in search of services that the facilities in Puerto Rico are not enough or are not providing the services that they intend to provide to the Veteran.
>
> It is necessary that the VA take steps to provide better service in the Commonwealth of Puerto Rico to stop this surge of veterans from coming into our communities where the impact is felt."

As things now stand, it is our position that a full investigation be conducted in Puerto Rico into the adequacy of the health services provided to our veterans by the Department of Veterans Affairs including, but not limited to, the adjudicating processes pertaining to claims for compensation for PTSD and other service connected mental disorders.

Processing veterans claims at our regional office in Puerto Rico is particularly lengthy, cumbersome and, more often than not, result in dismissal. This is partly due to misinformation as to the proper way to file claims and ignorance as to the statute of limitations. Further funding of existing veteran service organizations operating in Puerto Rico is badly needed. By increasing the funding we would naturally be increasing the potential of these organizations to inform veterans of their rights and in general assist them in obtaining the benefits to which they are entitled.

I am certain that once this Subcommittee finishes its fact-finding process it will surely conclude that the capacity of the Veterans Administration hospital must at least be doubled if it is to keep up with present demand. This could be accomplished either by expanding present facilities or preferably constructing improved facilities at a strategic location outside San Juan. Well equipped satellite medical facilities around the island also could be the answer.

Further, because of the high incidence of psychological disorders among Vietnam-era veterans, they, as a group, have not generally profited from the educational grants made available to them. The government should seriously consider reinitiating educational programs and funding primarily designed for those rehabilitated Vietnam veterans who, because of service connected psychological conditions, missed the educational benefits available.

One other major problem encountered by our veterans has to do with housing. It is true that federal and Puerto Rican laws and regulations are geared towards guaranteeing the veteran proper housing. However, more often than not, the application for a mortgage is denied because banks are reluctant to grant credit to unemployed or under-employed veterans, due to the fact that their pensions are so erratic that it becomes nearly impossible to ascertain their repayment capabilities. The existing federal guarantees are not enough. Other sources of financing must be sought in order to avoid homelessness. A way must be found to make sure that, once a pension is awarder, its amount will remain constant and not suffer variation that may adversely affect the veteran and/or the lender.

It seems clear to me that Puerto Rican achievements and sacrifices on the battlefield should constitute, if not a constitional argument in favor of the equal protection of the laws, at least a very strong moral one.

Puerto Rican soldiers in great numbers have shed their blood defending the national interests. Yet, despite this valuable contribution to the American experience, the services available to the Puerto Rican veteran living in Puerto Rico are not on a par with those offered elsewhere under comparable conditions. Perhaps this has been an oversight. Perhaps the reasons lie elsewhere. In any case, let me conclude by citing Professor Karl W. Deutsch of Harvard University.

> "When a national minority of any sort has assimilated the aspirations of the favored group, but remains for year after year discriminated against in attainments, that nation has a prescription for political dynamite."

Submitted this 3rd day of May, 1989, at Washington, D.C.

THE MALIGNED NATIVE AMERICANS;
America's Frozen-Out and Forgotten People

by

DR. EDWIN STRONG-LEGS RICHARDSON
PENOBSCOT INDIAN PSYCHOLOGIST OF
THE ABENAKI CONFEDERACY
-and-
PRESIDENT OF THE KIYAN INDIAN CONSULTANTS INC.
6343 Eighth Circle
Alexandria, VA 22312

This Paper Presented To

CONGRESSMAN LANE EVANS, D-IL, CHAIRMAN
THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
-a hearing on the concerns of-
THE VIETNAM ERA VETERANS
COMMITTEE ON VETERAN'S AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
One Hundred First Congress
G. V. (SONNY) MONTGOMERY,
CHAIRMAN

334 Cannon House Office Building
Washington, D. C. 20515

May 3, 1989

THE MALIGNED NATIVE AMERICANS;
America's Frozen-Out and Forgotten People

"WICONI, WICONI, WICONI!"

"Wiconi" is the Lakota (Sioux) word which means, "We will survive!" This inspite of insidious, subtle, efforts to eliminate the indigenous North American Natives though economic manipulation, socio-psychological subjugation, or passive-aggressive attempts at total integration. The "game" of integration has that hidden agenda, that the Native American knows too well, called, "Divine Destiny." Implicit is the belief of the "superior" forces that the "inferior" forces must be an image of themselves. A frequent remark to Native Americans is, "Why don't you...." The persuasion, hidden or open, is, "Why don't you be like me...(or)...why don't you accept my suggestions?" Granted, manipulation is inherent to life, whether it is verbal or written, whether it is vocational or avocational, parent or peer, legal or religious, and philosophical or practical. The point is, the Native Americans are CONSTANTLY being manipulated! It is always PERSISTENT whether it is direct or indirect, whether it is through subterfuge or candid honesty; and it is most frequently from PROFESSIONALS. The saturation point has long been reached and it is enough to cause the Indigenous People a mass paranoia.

The Native Americans will survive! They will survive because of many reasons. It is "right" that they should survive. Because of their unbelievable Spiritual Strenth, they will survive. They will survive because they have a stoic determination. They will survive because they can endure pain and suffering like the other enduring creatures of Mother Earth and Father Sky. The point is ----- should they be MADE TO SUFFER? It is interesting and apropos to the word "Wiconi", that your Subcommittee is entitled "Oversight and Investigations". Certainly, the Native Americans feel like they are an "oversight" and they wished that there would be fruitful "investigations" into their situation ---------- with HELPFUL RESOLUTIONS.

In fruitful resolutions, I am reminded of a convention of the National Congress of American Indians that met in Rapid City, SD in the 1970s, and of one man, short of stature but tall of courage, with his eyes on the floor but his mind and words painfully to the point, "What have you 'Big Shots' come to tell us this time?"

TIMES ARE IMPROVING, BUT. . . . .

It is true that for the Maligned Native Americans some individuals and some tribes are finding conditions improving. For other members of that same tribe and for certain other tribes, conditions are WORSE. They are often time worse because the Majority Society neither knows nor is concerned about the plight of the Native Americans. Just this past weekend, I was on the speakers' platform to say an Indian invocation. I was in full tribal attire and sitting next to a distinguished individual. This individual had driven through an Indian Reservation in the Southwest and was shocked at the poverty that existed on this Reservation! So upset was this woman that it became necessary to alleviate her sense of guilt by writing to two of her Congressmen. Then she stated, "I can't believe it! We send money to the starving people of Ethiopia - and yet, we let the American Indians starve to death in our own country! That's wrong!" She told of the beautiful little children in ragged clothes, the mothers in tattered dresses, and the horrible shacks the people were living in-----all in this very wealthy country called America. Naturally, we wished that there were more knowledgeable people.

It is all a matter of alleviating our guilt by distance. I have been a Director of Special Education at the University of Nevada (Reno) and I can tell you that many parents, particularly if they are wealthy, would much rather send their children to the "best" place in the country if their children were mentally retarded, disabled, or a problem child. They are putting distance between themselves and their guilt. It is far better for the psychological well-being of many citizens if the Native Americans are off in some distant "place" where they do not have to be reminded of the fact that the majority society violated every one of the some 287 or so treaties. They can be blissfully ignorant of the fact that the average income for most Indians is $1,600.00 a year with between 20-85% unemployment on the reservation and the Eskimo village. There is seven times the national average of suicides. In the American cities they can not drive anywhere but what they will see the so-called "Street People". There is no distance for them to hide their guilt. They have to face the problem. It is impossible in a city with subways not to see individuals in poverty. They see the individuals crouched in subway corners, sleeping over grills, and wheeling all of their property around in grocery wagons. This is so obvious that they have to respond, and some movie actors/actresses, and others, get good exposure as they speak out for the "Street People". These same people never protest in the name of Native Americans!

It is far better to see a movie, "The Killing Fields", showing the horrors of Cambodia than to show a movie of the holocaust of Wounded Knee, S.D. The public is more comfortable, the producers less worried, and the movie companies better off financially if they make a movie about Cambodia. Wounded Knee is too close. Wounded Knee is too personal. The very fact some American horse soldiers murdered defenseless women in a snow storm, then cut off their vaginas, put them on their saddle horns and rode away (to later be given a Medal of Honor for their "bravery") is too heavy a load of guilt to bear. It is better that they see and feel sorry for a "Boat Person" who fled from Vietnam and four years later graduated from high school with honors. This, their psyche can handle. As they use to say, "The best Indian is a DEAD Indian!"

It amazes me that the American citizens are not aware of what they could find out in their own Library of Congress. They would find reference there to the fact that many of our national governmental leaders openly stated that the Indians were gullible and that it was possible to steal from them. They arrogantly looked down upon the Indians. President Andrew Jackson is a good example. He was in modern terms a real racist. He overturned 7 Supreme Court decisions that were in favor of the Indians! They would also find at the Library of Congress that the American Constitution came from the Iroquois Confederacy! These are things they are not interested in.

They would rather see a movie with John Wayne as the hero and the "savage" Indians typecast, as usual, as the "bad guys". It helps the Majority Society to not only use distance to alleviate their guilt but to distort history and the facts as well. The same thing is happening today in Chippewa Country where the Indians are spear fishing like they have done for centuries. The Majority Society is harassing the Wisconsin Indians, yelling threatening messages, following them home in cars, and telling them that they will kill them. The Indians only catch 03% of the fish caught in Wisconsin, but the local people don't want them to have even that privilege. The Anglos are making a big deal of the fact that the Indians are using flashlights instead of torch light, like the Indian ancestors --- and they want it to null and void the treaty. I have given workshops on "Cultural Comparisons", and one of the things that the Majority Society is prone to do is live on the "All or Nothing" principal. They typically want "all the marbles" as they are so prone to say. In subterfuge the somewhat intimidated and frightened Governor is calling in the Secretary of the Interior to decide the matter (quite naturally in the favor of the largest number of citizens). Again, Divine Destiny is used to distort facts in favor of the Majority Society. When it comes to Indians "Divine Destiny" is proper; when it comes to other nations than "Human Rights" is proper. The "Double Standard" is also culturally typical of the Majority Society.

Consequently, it is easier for them to concentrate on the horrors of the Jews in Russia, than on conduct of our Nation with the Native Americans. Up until 1978, one out of every two Native American families had a member killed in jail. A Veteran patient of mine, Sam Crow of Sturgis, SD is a good example. His father was sitting in his car, in front of his home, close to Chamberlain, SD, near the Crow Creek Indian Reservation. He had been drinking. The car was not moving, the motor was not running, and the key was in his pocket. The police drove by, saw him there slouched down sleeping, stopped, and then pulled him out of the car. They beat him up and then gave him a Driving While Intoxicated (DWI) Citation. He resisted. They dragged him into the jail house, where they continued to beat him. When his wife came with the children to bring him home he was already dead. It is rather understandable that every time Sam gets drunk he wants to fight with the police. This is not too uncommon. When I was approaching the city of Mitchell, SD, I was pulled over by a State Trooper. I am sure it was because I was dressed in tribal attire. He accused me of being drunk. I told him that I do not drink and I asked him if he wanted to make a false arrest. He rather sheppishly smiled and said, "Oh! It must be that I'm still smelling it (liquor) from the last person that I stopped." Then he drove away.

Although conditions are getting better there are cases just like that of Sam Crow. Native Americans laud Dr. Everett Rhoades and the job that he has done for his own people through the Indian Health Service. Indian Health Service, like the Bureau of Indian Affairs, at times seemed to be a part of the problem rather than a part of the solution. It was during these days, in the 1970s, that Dr. Connie Uri, an Indian M.D. and an attorney, found and reported in the INDIAN HISTORIAN that in a five year period, in excess of twenty five thousand (25,000) Native American women, representing 43% of the women of child bearing age were sterilized against their conscious will! At the same period, two Blackfoot Indian girls who were 14 years old went to the I.H.S. hospital in Browning, MT for appendectomies, and while they were there they were given hysterectomies! The condition of the I.H.S., as reported in the WASHINGTON POST in early September, 1984 and for a six day period thereafter, were shocking. Yet, within a month or less, the average person on the street in Washington, D.C. did not even remember the name of the Rosebud Reservation. They were oblivious to it all as if it never happened. More than that "the Me Generation" could care less about the "oversighted" American Indians. This series of articles about the Rosebud Indians, along with other things, mentioned a M.D. who, for an Indian elder suffering from ulcers, recommended the ridulous treatment of putting swabs of cotton in his naval. Other conditions were also reported, to include:

- These were villages of dispair.
- The roads were simply tracks across the plains and dusty or muddy.
- As many as 25 people were living in one room shacks.
- The homes lacked electricity and running water.
- Woolen blankets were hanging where walls once stood.
- Many lived in old cars.
- There were no industries.
- Only three of 85 employable residents in the village of Upper Cut Meat were working.
- The jail is crowded with members denied the right to a lawyer.
- Doctors were leaving (the I.H.S. hospital) within a week or two of arrival.
- 40-50% are chronic alcoholics, but the treatment center was only able to counsel 6 or 7 persons a month.
- One woman had given birth to 4 babies with fetal-alcohol syndrome.
- Those who could not afford liquor instead drank the cleanser Lysol.
- 3,522 of the 4,663 adults on one portion of the reservation are unemployed.
- The Supreme Court ruled that the 6,000 square miles of the gold rich Black Hills (including a national park and Mount Rushmore) had been taken ILLEGALLY, BUT.... ...the court said that the tribes were NOT entitled to the return of the land! A comparative pittance of $300.00 per person was all they were allowed! Is this what would be called "justice" or is it "Divine Destiny"?
- The jail, managed by the BIA, is a rundown, unsanitary facility with a leaky roof and no hot water with 180 in a space meant for 30 individuals.

This insidiousness affects all Indians, be they elders, children, or Vietnam Veterans. Susan Shown Harjo, Director of the National Congress of American Indians (NCAI) said, "The exposure to the American dream, through television and movies has added a layer of frustration to the people who might aspire to that and has made them less comfortable with their traditions." Some of us feel that what the Native Americans have going for them is their culture and their traditions. Once they have lost that, they stop being Native Americans. The important factor in this statement is that the land is what holds them to their culture and traditions. Once they are separated from Mother Earth they are like a ship without a rudder --- hopelessly lost, without any sense of self. The earth is their Mother who must be honored and respected. They always find their way back home to the land. The one big thing that every Native American Vietnam Veteran wants is to stand on his own piece of earth and to be proud. He/she then knows that there is hope; hope that things will get better, that they will remain Native.

THE OTHER END OF THE TUNNEL IS BEING "SAND BAGGED".

So yes, maybe some things are better, but there is no light at the other end of the tunnel. In the winter of 1987-88 the Indians at Pine Ridge Reservation in S.D. were taking turns burning one piece of their own garmet to keep a fire alive so that all might live through the night! Casinos & bingo parlors looked like a God-sent to the economic needs of Indians, but then again, as Jack Anderson revealed on page C 22 of the Thursday October 6, 1988 issue of the WASHINGTON POST, the Casino owners (of Nevada) carry, "The clout of Nevada Sens. Harry M. Reid (D) and Chic Hecht (R) into the political ring." In fact, on the House floor, Rep. Morris K. Udall(D-AZ) noted the irony, "The Indian opponents instructing us in the evils of organized crime are the gambling casino operators of Nevada, the Horse Track Owners Association and the American Greyhound Track Operators Association. It is quite simply economics. The gambling lords of Nevada and the race track owners of the country perceive an economic threat to their profits!"

As reported in THE RIVER TIMES newspaper about the Athabascan Indian from around Fairbanks, AK, there is effort everywhere to provide kitchen and home industries for the Native Americans. This is a help to those returning home from Vietnam, but here again, CETA was providing a real service to the tribes and it was abolished. It was abolished not because it was a useless idea but because of poor management at the Federal level. For many Indians it was an opening to their financial future.

Many universities are to be praised for their role in facing contemporary American Indian issues. However, as the financial pinch has been felt at many educational centers for the Native American programs have been cut back. It is economically more feasible to conduct courses in English, Chemistry, Mathematics, etc than Swahili, Tagalog, Farsi, or one of the many Indian languages. LaDonna Harris emancipated Indian women to the Presidential level and even outpaced Geraldine A. Ferraro as she entered the 1980 Presidential race on the Citizens Party with Barry Commoner. However, the recent alleged scandal with Peter McDonald has drawn negative political attention to Indians. The desire by the State of North Dakota to honor their 20,000 Indians is tarnished by the desire to spend millions to honor George A. Custer. In a disrespectful manner, they have referred to the Humpapa Chief, Sitting Bull, as "The Bull" and placed him back in camp with the women, while the men were out fighting. It is this kind of arrogance that is exceedingly irritating to minority people. As a psychologist I was enraged that the State of North Dakota would pay millions of dollars to enshrine an individual (George Custer) whom we professional feel is the prototype of a Psychopath with a Constitutional Inferiority. Iwrote to the State of North Dakota, revealing many of the psychopathic actions of this individual, which most people are not aware of, and they never responded to my letter. We have made progress in self determination, but again, the Omnibus Indian Jurisdiction Bill is an attempt to abolish the authority of the tribe to regulate itself, if the person was non-Indian. It would tantamount to the Germans not being able to regulate laws in Germany, if the person happened to be Italian. While progress was made in returning the Olympic Medals of Jim Thorpe to his family, there was no effort to let Billy Mills or grandson Bill Thorpe Jr. run with the Olympic Torch at the Olympic Site in Seoul, Korea. Effort has been made to make available the Indian artifacts stored in Brooklyn and Bronx, NY but there has been little success at stopping individuals and states from destroying Indian burial sites. There are some pedantic attempts to show concern over the rain forests of Brazil, Cambodia, Malysia and the Congo. Most of this is just "eye-wash". Destruction of Mother Earth is progressing at an unbelievable pace. The defiance of Exxon over the oil spill in the Gulf of Alaska is a good example of corporate indifference. In 1978, The New York Times News Service recognized that American Indians of the Southwest first depicted the brillant supernova on July 4, 1054. I have been presenting workshops in North and South America on, "The Contributions of the Indigenous Americans to the Modern World". It would have been impossible to build the Panama Canal without the help of the "savage" Indians and their knowledge of quinine which comes from a tree.

Father Ted Zuern, S.J. and I have had many conversations at the Indian Prayer Breakfast at the National Capitol. (The Indian Prayer Breakfast has as it's sponsor Senator Mark O. Hatfield, R-OR, and it meets every Friday morning from 08:00 until 09:00 in the Vandenberg Room on the Senate Side of the Capitol.) We have discussed the problems of Indian poverty, education, employment, health care, and housing. I would like to quote from his article "Bread and Freedom...Justice and Faith" that appears on page 3 of the BUREAU OF CATHOLIC INDIAN MISSIONS NEWSLETTER of April, 1989:

> When Reagan came into the White House, American Indians were in desperate need of adequate housing for almost 100,000 families. He did nothing. Now with so little interest shown in Indian housing the number of housing units need has increased to almost twice that number. It probably is hard for many to realize that American Indians are the fastest increasing population group in United States.
>
> Let us look deeply at the history that has gone before us. The American Indians were here long before any other population group came to these shores. They have never in all their history given up their particular citizenship in their tribe or pueblo or nation.
>
> Selfish Americans have taken their land .... The American Indians have worked hard and long to survive in this country for 40,000 years. ..... We have not spent enough time trying to understand .....

So yes, the Native Americans, to include the Vietnam Veterans, have been making "some progress", but for every foot they step forward they have been pushed back 11 inches.

"OVERSIGHT AND INVESTIGATION"

It is certainly important that the needs of the American Indians, Eskimos, Aleuts, Indigenous Hawaiians, Samoans, and Fiji Island people should be investigated and no longer overlooked. The oversight of the Native American Vietnam Veterans is an extension of what has been an oversight to the tribe and the village for years. In retrospect, the law that Congress passed in 1975, the Indian Self-Determination Act appears to have been a plot to destroy the Native Americans. The anticipated impact upon the welfare of the Native people MUST have been predictable! For example, as Robert Little Dog from Wounded Knee, S.D. states in a 1988 newsletter, "Was it just to do nothing (by withholding funds) when they knew that parts of the buildings were poisoned with asbestos so badly that the Environmental Protection Agency had put it in their 'highest risk' category?" As Veterans who have "paid our dues" we would wonder if this is all calculated?

We have already mentioned the passive-aggressive actions of the Majority Society
towards a Minority. For some places it is the community who refer to the Indians and
Eskimos as the "gypsies", "the people down by the river", or "the ancient ones". In
the states of Idaho and Wisconsin there are bumper stickers that state "Spear an Indian
--- Save a Fish!" Some of this represents a "divide and conquer" technique. I recall
how often this happened in Maine, Montana, New Mexico, Washington, Arizona and else
where. In the Dakotas the powers-to-be would refuse to place an Indian on a board be-
cause, as they would state, "If we put an Ogalala on the Board a Rosebud Sioux will be
angry, and if we place a Humpapa then a Minicongu will be disturbed, and if it's some-
one from Lower Brule than someone at Ft Thompson will be upset, and so on." It is true
there is lots of tribal pride, but this divide and conquer, cop-out has been effective
in ignoring the needs of Native Americans. This divide and conquer technique is preva-
lent as mentioned in THE CATHOLIC WORKER. The article by Tim Lambert, "Forced Relocation,
Hopi and Navajo to Lose Sacred Lands", in the January-February, 1986 issue on page 5,
discusses the Navajo-Hopi Land Settlement Act. It was obstensibly to resolve a land
dispute, but really it was a (successful) attempt to cash in on the rich stores of uranium
and coal found in this Joint Use Area. Another effort in oversighting the Native Ameri-
can has been to reduce the Natives to impotency by ostentatious airs of superiority. A
young Indian was making a headdress, which he completely destroyed after being arrogant-
ly informed that this was not traditional to his tribe. It was a white anthropologist
who castigated this young Indian. It was also a white anthropologist, Christy G. Tur-
ner III, as reported in the SHO-SAN NEWS, September 15, 1988 on page 10, who outraged
the Hopi Tribe by claiming that Indians were cannibals. I spoke at a military base in
the fall of 1988 about "Native American Culture" and there was this one officer who kept
attacking me with a verbal barrage. I kept trying to be understanding. I didn't realize
until later the dynamics of the attack. What he had been doing was to prove to the other
officers and enlisted men that a White officer of similar rank is superior to an Indian
officer of the same rank. It is action like this that make Native American reluctant to
communicate with the Majority Society. Fortunately, not all professionals are this de-
meaning. I had as a house guest, Dr. Clark Dobbs, a scientist who discovered the North
American city of some 100,000 inhabitants in Red Wing, MN, that once was a flourishing
trade center some 1,000 years ago. Land developers wanted to destroy it, naturally.

ENDURING PAIN PROPAGATES DEGRADATION

Some oversights are sometimes self propagated because Native Americans are so prone
to enduring misery, pain, and degradation. They have an unbelievable tolerance. We
grow up with patience, and it is not uncommon for the Native American to sit patiently
in pain, just waiting for conditions to get better. Along with this we have a high pain
tolerance. Many of our Vietnam Veterans have been reluctant to use the privileges of
the Veterans Administration Hospitals because of this acceptance of pain. We feel that
pain is helpful. In fact, we scoff at the tendency of the Majority Society to run to
the medicine cabinet to relieve a headache, stomachache, or insomnia. Typical of many
Indians, I have had some 62 dental fillings, tooth extractions, root canals, gingivec-
tomy, a bridge construction, and in all of this without local anesthesia. I fractured
the small bone(the fibula) of my leg in a ski race, skied a mile on it and walked on it
five days before I saw an orthopod and had it put in a cast. In combat, I was also tor-
tured. We Native Americans feel we can stand anything for one hour. At the termination
of that hour, we plan to endure for another hour, and so on.

Another example of indifference to time and pain is well illustrated in THE RAPID
CITY JOURNAL of Saturday, July 22, 1978, page 8. There are perhaps over 300 Indians who
are languishing in American prisons as "political prisoners" for demonstrating, rioting,
and speaking out against the system when they were drinking. Ambassador (and now Mayor
of Atlanta) Andrew Young stated that the United States now has political prisoners just
like the Soviet Union. As if to compound matters, Repr. John Cunningham, R-WA, wants to
ABOLISH ALL INDIAN TREATIES, CLOSING INDIAN SCHOOLS AND HOSPITALS AND REQUIRING INDIANS
TO PAY PROPERTY TAXES ON RESERVATION LAND! Tragically, he may not be alone in this wish!

A FORGOTTEN MINORITY

How many speakers do you know who, when they talk about "minorities", think beyond Blacks and Hispanics? Asians may infrequently be mentioned and Native Americans (who are the Original People) are totally forgotten. It is fait accompli. With all the other people "discovering" this country, it is an assumption no one is indigenous to North America. Again, this is to provide historical repression and to continue the myth, as seen in the First American Bank ad, that depicts immigrants from Poland, Germany, Russia, etc and refers to them all as FIRST AMERICANS!

Ron Caselli in his article, "Historical Repression and the Native American" (THE INDIAN HISTORIAN, Fall, 1970, pp 44-45) states, "Guilt is a prime factor in repression, psychologists say, and a glaring example is the treatment of Native Americans in historical studies of the United States." That this historical repression is operative is evident by even a cursory glance at the tables of contents of American history textbooks.

One of the interests of the Native American Vietnam Veteran is therefore a desire to be rightfully recognized. The start can come with recognition, verbal and in writing --- an affirmation that we do EXIST! To a large extent this would mean a new frame of reference for the Majority Socity. It would have to do the following things:

1. Pass a law that all new textbooks from this point on be written to truthfully tell the glorious past of the Native Americans and to cease to depict them as the villians! As Ron Caselli (ibid) writes,

   > Massacres were justified whenever the Indian peoples proved "intractable" or "uncooperative". The so-called Black Hawk War, in which the Sauk tribe, led by war chief Black Hawk, dared to resist the military emphasis of the removal policy, was a clear example.

2. Immediately stop these cowboy and Indian movies that stereotype the Indian as bad.
3. Provide a Cultural Exchange between the reservation and metropolitan cultural centers. After all, Maria Tall Chief and her sister were Prima Ballerinas who danced all around the world and on the stage in Russia.
4. Publish in each state the action that brought about the demise of the Indian Treaties in that state and what course of actions are still open for psychological and economical retributions; and pass laws to act upon them.
5. Request a decree from the White House to each of the states with more than 5,000 Native Americans, encouraging them to consider placing Native Americans on high level positions, opening up employment opportunities, and publishing positive lead and human interest stories about them.

The irony is, that the Japanese-Americans (the Nisei), that were in the Relocation Camps, all which were superior to many reservation homes, were awarded settlements for their unfortunate experience. The Rosebud Sioux, and many other reservation Indians, endure this every day! Of course, the Japanese-Americans hold much more financial-political clout.

NATIVE AMERICAN WAY OF LIFE

Something has to be done to preserve the Native American way of life; the freedom to fish on their own waterways, to hunt ("in" and "out of season") on their own reservation, and the freedom for the Eskimo to go whaling and seal hunting. Allowance must be provided for the Native Americans to do all those things. The Sun Dance, the use of Peyote, and sacred spiritual meetings, are all a vital part of Indian Culture.

POLICY MAKING OPPORTUNITIES FOR NATIVE AMERICANS

There must be encouragement for Native Americans to assume the positions of leadership in local, state and National Government offices. The State Department should encourage the use of Native Americans. There should be opportunities for Vietnam Veterans, who are attorneys, to obtain judgeships and to become a part of the fabric of the central office of the Department of Justice. If there was ever an agency that should be headed by a Native American it is the Environmental Protection Agency. It is strange that some outstanding Native Americans whoare Vietnam Veterans were never given the opportunity to head the Department of Interior. Certainly, there are Native American men and women who should be encouraged and have the opportunity to reach the rank of General or Admiral. There are not enough Native Americans at this level and most are in the IHS Commissioned Corps. Why hasn't a President appointed a Native American to an Executive Office position in the White House? What is needed is role models and there are many capable Native Americans who could be logical choices for the Secretary of the Department of Agriculture, Board Member of the Advisory Council on Historic Preservations, Chairman of the Farm Credit Administration Board, Director of Action and also Peace Corps, Commissioner of the Park Service, and Director of the National Cemetery Service. I have been appalled at the Indian and Native American agencies that are filled by Blacks, Hispanics, Jews and Asians. It is as if there were no Native American capable of filling these positions. In fact, many of these individuals are excellent and do an outstanding job; and yet when a Native American enters these agencies he/she is more conditioned to accept this fact.

OPPORTUNITIES FOR FEMALE NATIVE AMERICANS

The educational standing of the Native American women in most tribal areas exceeds that of the males, and yet they have some lower positions. In tribal government we do have women tribal chairwomen. There must be encouragement for the women to continue their education with scholarships provided. Native women shoud be free to continue their organized work against forced sterilization. The National Women's Health Network on 224 7th Street S.E., Washington, D.C. 20003 has indicated that it will continue to scrutinize the IHS Hospitals to see that involuntary sterilizations cease. Jan Hayden in an article by NWHN states:

> Over 100,000 American women annually are estimated to have sterilization operations performed under federally-funded programs, including the Indian Health Services. The victims of coerced sterilization are usually poor, with little formal education, who have limited resources with which to voice complaints, or are isolated from assistance agencies.

FREE TUITION AT LAND GRANT COLLEGES & UNIVERSITIES

For the last two years I have suggested to this group that the Native Americans be permitted to attend any state educational institution of higher education tuition free. Senators John Kerry and Ted Kennedy, along with Speaker of the House Jim Wright, all concur.

In addition there should be a generous opportunity for scholarships, grants and loans. Counseling efforts should also be established to keep these people in school.

Each state should have Information Centers that would be able to help the Vietnam Indian Veterans to take advantage of these opportunities.

CONTINUATION OF THE JOHNSON-O'MALLEY BILL

The Johnson-O'Malley Bill and Title IV Indian Education Programs which over 2,100 Indian churches, foundations, and members make total annual grant awards of over

$6,000,000.00 to Indians for Federal employment opportunities. These funds are needed to continue the educational opportunities of the Native Americans, which in the 1970s still remained at the 4th grade level. By comparison, that for Whites was at the 12th grade level, for Blacks at the 11 grade level, and for Hispanics at the 8th grade level.

CULTURAL AWARENESS OF ALL PEOPLE

There are distinct differences between Euro-Americans, Afro-Americans, Asian Americans and Native Americans. Most people, to include psychologists and psychiatrists, have absolutely no awareness of this fact and the platitudinous preachment that, "All people are ALIKE regardless of color, religion, or origin of birth. There are 'good' and 'bad' among all of us"; is NOT a true statement. There are differences! I give workshops all over this hemisphere and Asia to address this very fact. There are numerous examples of differences. The logic of the White (Euro-American population) works in a dichotomous manner, with an: either/or, right or wrong, true or false, Protestant or Catholic, Democrat or Republican line of dialectics, to such an extent that there is a well understood statement that goes, "If you are not for us you MUST BE AGAINST US!". The Majority Society of United States (as in Europe) epistemologically think cognitively with counting and measuring. I remember, as an Indian, when I first encountered this at an American Psychological Association Convention. This young New York City man I was talking with was asking me all about my background. I naturally thought he was interested in me. To the contrary, he was computerizing this in his brain against the laundry list of his own accomplistments, and all of a sudden he abruptly blurted to me, "Hell! You know, you have a better background than I do!" To which I replied, "I didn't know we were in competition."

The Native American does not think the same way as his Majority Society brother and sister. There are, according to me, some thirty eight differences in value system. The most important to the Native American is "happiness", while the most important to the Euro-American is "success". Success is translated in a good job, a good house, a good family, a successful conference, a fine office, a good presentation, a successful tour of duty as a Senator or Representative, a very complete yacht, or a flourishing garden. Some of the 38 differences are:

Native Americans	Euro-American (Majority Society)
1. HAPPINESS. Life is to be enjoyed; even able to laugh at misery.	1. SUCCESS. Involves status, security, wealth, and proficiency.
2. SHARING. Everything belongs to everyone just as Mother Earth belongs to everyone.	2. OWNERSHIP. This is something to strive for and is continuous.
3. HONOR ELDERS - they have wisdom.	3. YOUTH - they are the future.
4. TRIBE & FAMILY FIRST.	4. NUMBER ONE SYNDROME.
5. DANCE - is an expression of spiritualism.	5. DANCE - is an expression of pleasure.
6. LISTENING - is important.	6. PROJECTING - your ideas is essential.
7. ANIMALS ARE TO BE RESPECTED - they can think, plan, anticipate, love and speak.	7. ANIMALS ARE LOWLY CREATURE - "Don't act like some animal.. .don't treat them like a dog, don't be a pig, don't eat like a cow."
8. RESPECT TRADITIONS - the old ways are the best and have been proven.	8. ASPIRE - "Tie your wagon to a star", and climb up the corporate ladder.
9. EARTH IS MEDICINAL - and after flesh sacrifice the wound is treated w/earth	9. EARTH IS FULL OF BACTERIA - and one should wash the dirt out of any wound.
10. LEAVE THINGS NATURAL.	10. IMPROVE UPON CONDITIONS.
11. DON'T SHOW PAIN.	11. DON'T BE A MASOCHIST.
12. DON'T STARE.	12. LOOK PEOPLE IN THE EYE.
13. WORK FOR A PURPOSE - which may be limited.	13. WORK FOR RETIREMENT; "a pot of gold".
14. FEW LAWS ARE BEST.	14. THERE SHOULD BE A RULE FOR EVERYTHING.
15. Conditions can be explained MYSTICALLY.	15. Conditions can be explained SCIENTIFICALLY.

To better understand the Native Americans I am submitting herewith an outline of the cultural differences. This is from a speech that I gave in Caracas Venezuela (July 11, 1985 at the Congresso Interamericano de Psicologia), on "Cross Cultural Comparisons Between the Afro-Americans, Asian Americans, Euro-Americans and Native Americans in North & South America"

ASPECTS OF CULTURAL DIFFERENCES[1]

ETHNIC	AXIOLOGY	EPISTEMOLOGY	LOGIC	PROCESS
AFRO-AMERICAN	Person-Person: Highest value is the inter-person relationships.	Affective: One knows through both symbolic imagery and rhythm.	Diunital: The union of opposites.	Nuology: Sets are interrelated thru human and spiritual networks.
ASIAN-AMERICAN	Person-Group: Highest value lies in the cohesiveness of the group.	Conative: Knows through striving towards transcendence.	Nyaya: Objective world conceived independent of thought and mind.	Cosmology: Sets are - independently interrelated in harmony.
EURO-AMERICAN	Person-Object: Highest value the "Object": or acquisition of the object.	Cognitive: Counting and Measuring.	Dichotomous: Either/or; - "Right" or "Wrong".	Technology: ALL sets are repeatable/reproducible.
NATIVE-AMERICAN	Member-Tribe: Highest value lies in Tribal Unity and Sharing for Survival.	Intuitive: Knows through Spiritual Wisdom of living in Harmony with Mother Earth and reacts in Spontaneity.	Culturology: All Creatures & things have a power, history, spiritualism & must be listened to and Honored/Respected.	Plenum: NOTHING BELONG TO ONE BUT TO ALL: No vacuums but a "Fullness" - EVERY part is important to the universality of the the WHOLE and constitute a Hominological view for Action.

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1. This has been collected from many sources.
    Breetveld, James "Mother and Child in Africa; A Brief Conversation with Thomas Lambo", PSYCHOLOGY TODAY, Vol 5 No 9, pp 63-64.
    Dixon, Vernon J. BEYOND BLACK OR WHITE; An Alternate America, Little, Brown & Co., Boston, 1971.
    Nichols, Edwin J., National Institute of Mental Health, Black History Month Seminar at the Dept Health and Human Services, Humphrey Bldg.
    Richardson, Edwin Strong-Legs, from all of my many speeches, papers, and conversations with Native American Indians, Medicine Men & Tribal Chiefs.

Our desire as Native American Vietnam Veterans is that you come to respect us. We have a saying in Indian Country, "I am listening and observing everything about you. You owe me the same respect." We feel you can learn from us! Consequently, you must come to understand that Pow Wows, traditional dances, Sweat Lodges, Yuwipi Spiritual Meetings, Medicine Men, herbal and spiritual treatments, tribal rituals --- all this helps the modern Vietnam Veteran to fend off post traumatic stress syndrome like to Vietnam. You, in your scientific ways, with an obsession for technology must attempt to appreciate our ways of life. You must not scoff at our differences.

Bruce King in his Review Article entitled, "WARRIORS; Native American Vietnam Veterans", from DAYBREAK, Winter, 1989, pp 28-29, cites many interesting facts about the Native American Veterans. He mentions the fact that of the 86,000 Native Americans who served in Vietnam, 90% were volunteers. This is the highest record service volunteers per capita of any ethnic group. In addition to what King has noted, I would recommend two videos which will help you to better understand the Native Americans in Vietnam. One is by Deb Wallack, "Warriors; Honoring Native American Veterans of the Vietnam War" (distributed by Intermedia Arts, 425 Ontario Str., SE, Minneapolis, MN 55414, and, Marine Corps Vietnam poet Robert Bartoo, "Warriors", distributed from Apex Productions, Box 58, Buffalo, NY 14205-0058).

INCREASING FINANCIAL SUPPORT TO TREATMENT CENTERS

The Veterans Administration, the Indian Health Service, the Vietnam Veterans Aid Foundation, and others must be provided with sufficient funding by the National Government to increase the services to the Native American Vietnam Veterans. I am a Life-Time Member of the Veterans of Foreign Wars and in the April, 1989 issue of the VFW MAGAZINE there was an article by the National Legislative Service entitled, "VA Budget Flimflam; An Exercise in Deception", pp 20-35. It is evident from that article that the Department of Veterans Benefits is $30 million dollars short of a current service level, to say nothing of expanding treatment center services! The VFW recommended a $922 million dollar construction program for FY 1990.

PRESERVATION OF LAND AND WATER SECURITY

In our 1987 and 1988 reports to the Congress we addressed the needs for protection of Native American women and the elimination of sterilization as a routine practice, maintaining the Johnson-O'Malley education program, and the need for the preservation of land and water security. I am sure that the latter problem is no better today. As a private property owner. I can place the sign, "POSTED" and it prevents anyone from trespassing on my land; the reservations have no such rights! In other words, Indian land, although it is sovereign land, must be OPEN to sportsmen and fishermen! That certainly is NOT RIGHT! The Indians on the Crow Reservation were FORCED by the State of Montana to OPEN UP THEIR LAND TO ANY FISHERMAN WHO WISHED TO FISH THERE. This is total disrespect for Indian people. No question about it!

FEDERAL JOB TRAINING PARTNERSHIP ACT

There is a need for employment and training programs such as those seen in the Job Training Partnership Act of the Department of Labor continuing to service Native American communities. If anything, it must be both expanded and become more practical. When I was a college president in Nevada I introduced a course in "Slot Machine Repair", a very practical course in that area. As the Dean of a community college in the fruit belt of Michigan I introduced a course in the "Preparation of Baby Foods". It is imperative that the courses and training be applicable to the life of the reservation people.

SMALL BUSINESS TRAINING

The Vietnam Veteran needs training in small business operations. The fact that four out of five small businesses are not operative after the first year, and the fact that Native Americans by philosophical orientation are casual individuals, prone to giving, and more interesd in being happy than successful.....it is necessary that they change their life style, at least enough to become business-wise.

KITCHEN INDUSTRIES

There are many stories about Native Americans who won a lottery ticket or a land allotment payment, and within a week they did not have any money left. Some of the stories seem "funny" but are really very sad. Some Native Americans act that same way in regards to industrialization on the Reservation. I know of individuals on the Pine Ridge Reservation that wanted to develop an Airline that would service the Rocky Mountains. Then there are cases on the Rosebud Reservation in which successful small businesses began to think too big and the business went "belly-up".

The Native Americans must not only have training but supervision by lending agencies in the development of Kitchen Industries. The value of small industry is that it provides an opportunity for Native Elders to train young, approachable, junior high school students in the ways of the tribe. It can be in silvercraft, bead work, leathercraft, weaving, basket making, etc. In these local and personal relationships it is possible for the Native Elder to pass on, in a profitable manner, the life style of the tribe.

LISTING OF OTHER ITEMS DESIRED BY THE NATIVE AMERICAN VIETNAM VETERANS:

- o PROTECTION OF NATIVE AMERICAN BURIAL SITES AND ARTIFACTS.
- o PROTECT NATIVE AMERICAN AGAINST THE PROTECTIVE ASSOCIATION OF AMERICAN RIGHTS AND RESOURCS and their encroachment.
- o IN HARMONY WITH CONSERVATIONISTS PUT PRESSURE ON CORPORATIONS THAT ARE HARMING THE EARTH WITH CARELESS DESTRUCTIVE TENDENCIES.
- o MOVE THE MUSEUM OF AMERICAN INDIANS FROM BROOKLYN & THE BRONX TO WASHINGTON, D.C.
- o INSURE THAT THE VETERANS ADMINISTRATIVE CENTERS EXTEND THEIR OUTREACH SERVICES TO RESERVATIONS AND VILLAGES.
- o DEVELOP A SYSTEM WITH CHECK LISTS, CONTRACTIONS AND PENALTIES FOR THE HOUSING AND URBAN DEVELOPMENT AGENCY, ALONG WITH CONTINUOUS SUPERVISION OF INDIAN HOUSING PROJECTS. Many are presently doing very shoody work on the reservations.
- o INCREASE FINANCIAL SUPPORT TO TREATMENT CENTERS.

SUMMARY

I want to thank the Subcommitte and all members for this rare opportunity to present the needs of the Native Americans and especially the Native American Vietnam Veterans. I trust that my presentation, although honest and direct, has not offended you. It is imperative that we not play games but state conditions as they really exist. Too often individuals become concerned with their own needs rather than the needs of their people.

TESTIMONY
OF
HAROLD BRYANT

Mr. Chairman and Members of the Subcommittee on Oversight and Investigations, I am Harold Bryant a Veteran who has been counseling Veterans in East St. Louis, Ill., for 19 years. The veterans that I work with are mostly Black combat veterans. I'm going to give a few facts on the clients that I work with, and how most of them feel about being a Black Vietnam Veteran.

Black veterans and their families account for almost one third of the black population in the U.S.: further Black veterans represent a total of 7.7% of all veterans or 2,190.600 and approximately 4 million survivors and dependents of veterans.

Black who served in the Vietnam theater have a higher rate of joblessness than other Vietnam-era veterans. regardless of the period of service and whether Vietnam-era service was in or outside Southeast Asia. the Black unemployment rate is between 2 1/2 & 3 times that for White veterans.

While the overall veterans population is projected to continue to decrease (downward from 27.8 million in 1986 to 24 million by the turn of the century). The Black and minority population of veterans is predicted to increase dramatically during the next 15 years. Due principally to the large cohort of Black in the military presently (primarily post-vietnam era) who will be entering the veterans category.

Over the past decade the number of women entering the Armed Forces has tripled: Black women make up a disproportionate number of those women 28.9% of all women in the military in 1984 and 42% of the women in the Army. More studies are needed to ascertain the implications of the growing number of Black females entering the veteran ranks.

By 1992 Black Vietnam era veterans will be the largest segment of the Black veterans population.

Black veterans are perhaps the most urban subgroup of the entire veterans population, and are concentrated within

There has been no evidence that stress symptioms of Black veterans differ qualitatively from those of whites. The higher incidence of stress among Blacks is more likely to be associated with the nature of the war itself (an advanced nation waging war against an impoverished, nonwhite country), racism in the military, civilian racial and social upheaval during the war, and postwar racism. Each of these related factors selectively undermined the morale of Black soldiers and veterans.

Racial conflict in the military was not a major problem until 1968. The powerful Tet offinsive and the assassination of Dr. Martin Luther King Jr., were terrible blows to soldiers' morale, the latter especially to Black soldiers. Paradoxically, the death rate of Black soldiers prior to 1968 was much higher than their rate of death in later years. In late 1965 it approached 25 percent, causing the pentagon to reduce the participation of Black soldiers in combat. Whitney Young attributed the high death rate solely to Blacks volunteering for combat duty. Other Blacks, including many front-line troops, attributed it to racism: "Word was going around, and it wasn't a quiet word, that Blacks were being drafted for genocidal purposes. Just to get rid of us to eliminate the Black male".

The civilian backdrop for Black servicemen became increasingly ridden with conflict. Revered leaders such as Dr. King and Muhammed Ali opposed the war on racial grounds. Urban riots during the 1960's left many Blacks in despair. Many youths who witnessed or participated in riots joined the services. King's death undermined Blacks hope for greater societal acceptance after the war.

Black soldiers bore significant and unique conflicts both during and after combat service. That they suffered special stresses does not mean that they were consciously aware of those issues as they fought, nor does it mean that many whites did not also suffer conflicts over their role in the war. For Blacks. though, "faith in the common purpose" underwent extra strain because of racism.

Leaving the military did not ensure relief from stress. From a clinical perspective, it is difficult to overemphasize the negative effect of the hostile homecoming for Vietnam veterans. The reception of Blacks was no better than that of whites. The return to deprived communities underscored for many Black veterans inner questions about their service. It is often unappreciated how each soldier. Especially in combat, has a vitally important role in the effectiveness of the unit. The comedown from the responsibility and power of soldiering to the relative lack of status and purpose in civilian life was accentuated by reduced employment opportunities in Black communities. Because most Vietnam troops were under 20, they did not have which they could return.

Because thousand of Vietnam veterans have not resolved their feelings about combat experiences, their postwar lives are constricted by avoidance, withdrawal, and overutilization of many defense mechanisms. The depressed conditions to which Blacks have returned has interfered with their capacity to put the war behind them. The large number of PTSD victims in the Black community is alarming and testifies to the urgent need for political, social, and medical attention. PTSD is indicative of a profound alteration in the patient's basic sense of trust. Racial stresses in society only contribute further to the disillusionment.

Wally Terry definitively described the Black Vietnam veteran status in relation to that of all Vietnam veterans: "In recent years since the collapse of the Saigon government to the victory of communist forces. I have believed that America owed the Black veteran of the era a special debt. There were no flags waving or drums beating upon the return of any Vietnam veteran... Who were blamed by the right for losing the war, and by the left for being killers of the innocent. But what can be said about the dysfunction of Vietnam veterans in general can be doubled in impact upon most Blacks: and came home to less. Black umemployment is more than double the rate for White veterans. The door to the great society has been shut".

The Veterans Adminstration thru the Vet Centers had a wonderful opportunity to help and assist the Black Vietnam Veteran. But chose not to.

They could have done research on the Black Veteran. But wouldn't. They wanted not to believe that Black Veterans had a different readajustment than their white counterparts. They decided to do special work with the female Vietnam Vietnam Veteran who numbered 187,000. Rather than try to help the Black and Hispanic Veteran, whose casualty rate was 26%.

I think that when this Investigative Committee looks into it you will find that the Vet Center decided to disregard the Black Vet, and also to get rid of any counselor who insisted on working with this population.

Misdiagnosis of Black Veterans has been common in Veteran Adminstration Hospitals, with a tendency to overdiagnose schizophrenia in Blacks while underdiagnosing affective disorders. Underdiagnosis of affective illness in blacks is central to the issue of diagnosis of PTSD among black veterans. Depression is inherent in the condition and will emerge inlong-term treatment. The Black male presenting as distrustful angry, and with a combat history has considerable potential to alarm white clinicians, potentiating diagnostic error and tratment failure.

Because thousands of Vietnam veterans have not resolved their feelings about combat experiences, their postwar lives are constricted by avoidance, withdrawal, and overutilization of many defense mechanisms. The depressed conditions to which blacks have returned has interfered with their capacity to put the war behind them. The large number of PTSD victims in the black community is alarming and testifies to the urgent need for political, social and medical attention. PTSD is indicative of a profound alteration in the patient's basic sense of trust. Racial stresses in society only contribute futher to the disillusionment. THANK YOU.

National Association of Agent Orange Survivors
Post Office Box 822
Oaks, Pennsylvania 19456

May 2, 1989

This document is respectfully submitted for inclusion in the official record of hearings before the Congressional Oversight Committee for Vietnam Era Veterans Concerns on May 3, 1989.

This document relates the needs and concerns expressed by Vietnam Veterans and their families nationwide concerning the Agent Orange issue.

It is not only the Vietnam Veteran suffering from the adverse health effects of toxic chemical exposure who is faced with the many emotional, psychological and financial problems. His family must face many of the same problems.

When a Vietnam veteran develops a chronic or terminal illness the hardships are many to bear due to the gaps under current guidelines in: Social Security Benefits, Medicare, Veterans Administration, Employer Benefits and other insurance companies.

Do you know what happens to a Vietnam Veteran and his family when a chronic or terminal illness occurs? I would like to outline a few of the major concerns of the Vietnam Veterans' and their families when they are told their loved one has cancer, leukemia, heart disease, or when their loved one dies.

"The right to search for truth implies also a duty; One must not conceal any part of what one has recognized to be true".
Albert Einstein

* EMPLOYER INSURANCE...the veteran may have to resign from his employment due to his disability. Furthermore, employer Insurance will not provide coverage due to a standard clause "any illness due to war or act of war is not covered". This is unjust since there has been no legislation signed into law stating that toxic chemical exposure caused a veteran's illness. Don't forget the Pre-existing conditions clause?

* **VETERANS ADMINISTRATION...** will not recognize the veterans illness or death as being service-connected due to the latency period of certain chemicals. Thus the veteran or spouse receives a non-service connected benefit of a significantly lesser dollar amount.

* **CHAMPUS...**for veterans and their families to be eligible for Champus benefits, the veteran must be retired and have served 20 years or more in the Armed Forces.

* **CHAMPVA...** provides medical coverage for veterans, their spouse, widow and children, when the veteran has a total disability permanent in nature resulting from a service connected disability; and the widow and child of a veteran who died of a service connected disability, or who at time of death had a total disability permanent in nature resulting from a service connected nature.

* **SOCIAL SECURITY BENEFITS...**to be eligible to receive SSI, you must have a disability that will last one year or more, and you must have worked five out of the last ten years.

* **MEDICARE...**you have to wait two years and one month after the date of entitlement from Social Security before Medicare would go into effect.

* **DEDUCTIBLES AND PREMIUMS...**can in themselves present a financial hardship for the Vietnam Veterans and their families.

* **BENEFITS FOR CHILDREN...**did you know the other innocent victims of Agent Orange are not eligible for any benefits, especially those children born with birth defects who are at HIGH RISK?

- * SPECIAL MEDICAL TESTING...how many veterans do you know, who have had Adipose Tissue or Blood Serum Testing to detect levels of dioxin and other chemicals for possible early detection of a disease?

- * PHYSICAL THERAPY PROGRAM...why hasn't the Veterans Administration offered this "DETOX" type program consisting of deep heat (dry sauna), exercise, massage and nutritional supplements. This program is believed to be very beneficial for those individuals who have a high chemical burden, i.e. chemical overload.

- * TOXIC CHEMICAL EXPOSURE ALERT...why hasn't an alert been sent out to every Vietnam Veteran who served in Southeast Asia since researchers and other medical experts long ago established that dioxin agents are carcinogenic.

- * VETERANS are reluctant to appeal for an increase in their disability rating, for fear of having their disability rating lowered or terminated.

- * ARMED FORCES EMERGENCY RELIEF FUNDS are available to active duty and retired career veterans and their families, but exclude the majority of Vietnam Era Veterans who are in need of these services.

Having lived through the nightmare of losing my father two years ago to a rare cancer, my family has learned first hand the immediate needs of the Vietnam Veteran and his family. The NAAOS has developed a proposed program for Vietnam Veterans and their families called "Veterans Catastrophic Health and Services Program".

Vietnam Veterans are a HIGH HEALTH RISK GROUP due to their exposure to toxic chemicals while serving in Southeast Asia. Vietnam Veterans should be entitled to a Catastrophic Health and Services Program in addition to COMPENSATION!

In addition, I have listed below recommendations that would be beneficial to the overall agent orange issue for aiding veterans. I am requesting the Congressional Oversight Committee for Vietnam Era Veterans' concerns also consider assisting in these areas.

* OVERSIGHT...is needed at a national level on the Agent Orange issue in the following areas:

a) National Mortality study among Vietnam Veterans since their return from Vietnam.

b) Investigate violations of insurance coverage denied by insurance companies against Vietnam veterans due to the clause "any illness caused by war or and act of war is not covered".

c) Make available all spraying information "HERB TAPES" and "OPERATION RANCH HAND" spraying missions in Southeast Asia (at no charge), to aid Vietnam Veterans in filing claims with the Veterans Administration and Class Action Settlement Fund.

d) Assist Vietnam Veterans who are discriminated (terminated) against by their employer or perspective employer due to health problems they may have or manifest at a later date.

e) Class Action Settlement Fund and Class Assistance Program to ensure Vietnam Veterans are receiving the appropriate services mandated by Judge Weinstein. Specifically; those suffering from the adverse health effects of toxic chemical exposure. Also to ensure that survivors are fairly considered; and that birth defected children are receiving the benefits to service their disabilities physically, educationally, and therapeutically.

- Specifically, review decision on veterans 60 years and older being disqualified from the settlement.

f) State Departments of Health to assist in monitoring the birth defects, miscarriages, still births among Vietnam Veterans families.

g) To include incarcerated Vietnam Veterans in any health and services made available to other Vietnam Veterans.

h) Congressional Oversight Committee provide oversight on all hearings regarding Agent Orange issues, especially studies conducted by the Center for Disease Controls, Veterans Administration, and that all individuals who give testimony, do so under OATH.

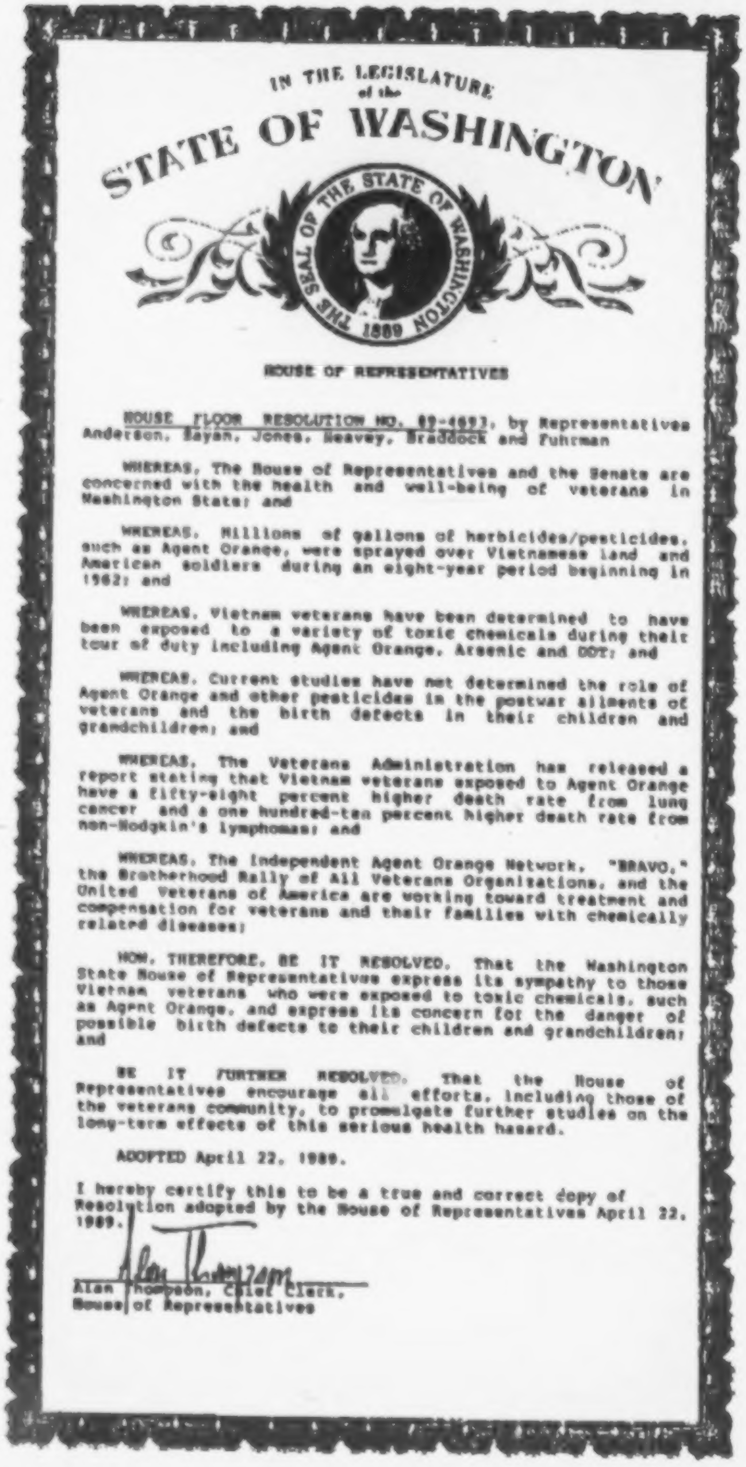
i) support archives of frozen blood samples of Vietnam Veterans for future studies.

I want to urge this committee to give every consideration to the items proposed above and to thank you on behalf of all veterans and their families.

Respectfully,

Judy Lewis

Judy C. Lewis
National Coordinator



IN THE LEGISLATURE
of the
STATE OF WASHINGTON

1889

HOUSE OF REPRESENTATIVES

HOUSE FLOOR RESOLUTION NO. 89-4693, by Representatives Anderson, Bayan, Jones, Heavey, Braddock and Fuhrman

WHEREAS, The House of Representatives and the Senate are concerned with the health and well-being of veterans in Washington State; and

WHEREAS, Millions of gallons of herbicides/pesticides, such as Agent Orange, were sprayed over Vietnamese land and American soldiers during an eight-year period beginning in 1962; and

WHEREAS, Vietnam veterans have been determined to have been exposed to a variety of toxic chemicals during their tour of duty including Agent Orange, Arsenic and DDT; and

WHEREAS, Current studies have not determined the role of Agent Orange and other pesticides in the postwar ailments of veterans and the birth defects in their children and grandchildren; and

WHEREAS, The Veterans Administration has released a report stating that Vietnam veterans exposed to Agent Orange have a fifty-eight percent higher death rate from lung cancer and a one hundred-ten percent higher death rate from non-Hodgkin's lymphomas; and

WHEREAS, The Independent Agent Orange Network, "BRAVO," the Brotherhood Rally of All Veterans Organizations, and the United Veterans of America are working toward treatment and compensation for veterans and their families with chemically related diseases;

NOW, THEREFORE, BE IT RESOLVED, That the Washington State House of Representatives express its sympathy to those Vietnam veterans who were exposed to toxic chemicals, such as Agent Orange, and express its concern for the danger of possible birth defects to their children and grandchildren; and

BE IT FURTHER RESOLVED, That the House of Representatives encourage all efforts, including those of the veterans community, to promulgate further studies on the long-term effects of this serious health hazard.

ADOPTED April 22, 1989.

I hereby certify this to be a true and correct copy of Resolution adopted by the House of Representatives April 22, 1989.

Alan Thompson

Alan Thompson, Chief Clerk,
House of Representatives